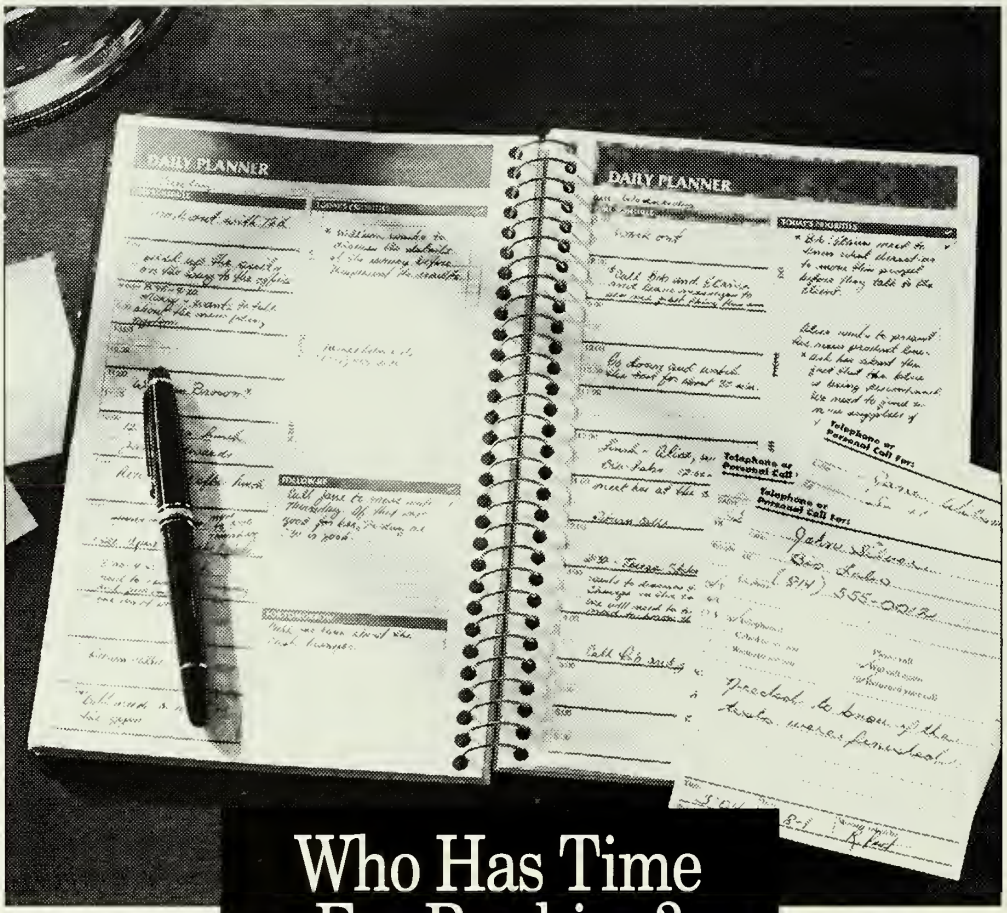
MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

Today

Volume 24, Number 2 Winter 1996



Who Has Time For Banking?

Let's face it. With so many demands on your busy schedule, you may not have time to give your finances the attention they deserve.

That's where we can help. We're Professional & Executive Banking at NationsBank. And while we can't turn your crammed daily calendar into empty pages, we can take the hassle out of banking.

You'll work with one of our experienced bankers, who will meet with you at your convenience and personally assist you with your finances.

This banker will help you select the loan that's right for you and aggressively follow it through to completion. And to get the most value from the money you earn, your banker will help you choose among a variety of investment accounts.

Discover the convenience of Professional & Executive Banking. Call Mary Hill Gary at (706) 828-8372. Because while you may not have time for banking, we do.

NationsBank®

NationsBank Corporation subsidiary banks are members FDIC Equal Housing Lenders. ©1993 NationsBank Corporation.

Medical College of Georgia Today

Volume 24, Number 2 Winter 1996

Introduction

When the editor of *Medical College of Georgia Today* sat down with MCG students recently to discuss their feelings about their future careers, they expressed several concerns: How will managed care affect patient care and patient/physician relationships? How will diminishing government funds affect the care of the most vulnerable members of society? How will physicians adapt to the increasingly autonomous roles of non-physician healthcare providers? What kind of job security will healthcare providers have?

But apprehension was hardly the predominant theme of the discussion. These students, across the board, expressed boundless optimism and enthusiasm. Yes, they all face challenges—unprecedented challenges, in many cases. But they feel well-prepared to meet these challenges, and they're ready, willing and anxious to get started. We think you'll be impressed by the eloquence, insight and altruism reflected in their comments. MCG prides itself on a student body with exemplary character and integrity, qualities exhibited in abundance in *Student Roundtable* on page 4.

Character and integrity are in no short supply among our alumni, either. Meet Dr. Bruce Gordy in this edition of *MCG Today*. Along with a thriving dental practice in Orlando, Fla., Dr. Gordy devotes vast amounts of time and service to the community. The beneficiaries of his efforts run the gamut from sports superstars to the homeless.

Also included in this edition of *MCG Today* are two examples of MCG's never-wavering commitment to its patients. Read about respiratory therapists' efforts to clear the air for pediatric asthma patients, and about a team effort to treat and prevent kidney stones. ■

Contents

2 / Leaving No Stone Unturned

MCG's Kidney Stone Program uses a multidisciplinary approach to treating and preventing kidney stones.

4 / Student Roundtable

How do healthcare students feel about entering a field in a state of nearly unprecedented flux? Medical College of Georgia students speak up.

9 / AlumNews

News from the five alumni associations.

22 / Clearing the Air

Medical College of Georgia respiratory therapists work with the parents of pediatric asthma patients to make sure their home environment is as allergen-free as possible.

26 / Team Player

Whether working with sports superstars or the homeless in Orlando, Fla., dentist Bruce Gordy reaches out to the community in any and every way he can.

28 / Planned Giving

Do I need a will?

About the Cover

KIDNEY AND BLADDER STONES from the Collections of Dr. Hugh H. Young and Dr. Howard A. Kelly. Frontispiece to *Diseases of the Kidneys, Ureters and Bladder* by Howard A. Kelly, M.D., LL.D. and Curtis F. Barnam, M.D., Vol. I. D. Appleton and Company, 1914. Watercolor and carbon dust on Ross Stipple Board No. 8 by Max Brödel (1890–1941), ©1994 The Johns Hopkins University. Courtesy Art as Applied to Medicine, JHU. For a brief biographical sketch of the artist, see page 29.

MCG President: Francis J. Tedesco, M.D.
Executive Editor: James B. Osborne, Ed.D.
Director of Marketing and Public Relations: George H. Foster
Editor: Christine Hurley Deriso
Art Director: Brent D. Burch
Photographer: Phil Jones

The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communication; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Brenda Carter at *Augusta Magazine*, (706) 722–5833, P. O. Box 1405, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

LEAVING NO STONE UNTURNED

Jacqueline W. Wilson calls herself a stonemason.

"If you've got about 10 hours to kill and you want to look at my medical record, I think it's about like this," she says, holding her hands wide apart.

Recurrent kidney infections have been a way of life for this Dawsonville, Ga., resident since 1960. But her kidney stone business started in 1991.

"They said I could have had them many years before they found them because they were so large when they found them." This grandmother and wife of a long-distance trucker tells the painful story cheerfully. "Why cry?" she asked.

The reality is she's cried plenty from the horrible pain of countless stones. "I've taken 50 milligrams of Demoral and walked the floor for three hours and cried. If you've never had a kidney stone, there is no way you can imagine the pain. You can't breathe. If you are lying in the bed and somebody bumps the bed, it feels like there is a knife going all the way through you. I say when they get to doing their war dance, I could do a war dance, too."

She was living in Thomson at the time of the first "war dance" in 1991 and her family physician, Dr. Burton B. "Pat" Barmore, referred her to the Medical College of Georgia Hospital and Clinics. To date she's had surgery to remove stones, lithotripsy to shatter them and medicine to alkalinize her urine and try to keep the byproducts of her metabolism in suspension instead of crystalizing and forming stones. Stones have meant she no longer travels the country with her husband. "Not with my kidneys, I can't go and bounce." Fried foods, junk food and ice tea have been replaced with cereal with skim milk, salads and plenty of water. "I like [water] now; you acquire a taste."

In the Southeast, where diet and hot weather make kidney stones a painful reality for many, doctors at the Medical College of Georgia Hospital and Clinics are working to improve the odds that a patient's first kidney stone will be his last.

The southeastern diet—typically high in foods such as fruit, collards, spinach, squash, okra, potatoes, pecans and peanut butter washed down by iced tea—is high in oxalate, a byproduct of physiology and a major contributor to kidney stones. The fare is consumed in an environment that tends to be warm, humid and prone to inspire sweating and fluid loss.

"So you order grits and salt them. Grits are loaded with oxalate and the salt acts to raise calcium levels in the urine, which bind to the oxalate. Then you drink a big glass of oxalate-rich tea and sit in the sun and sweat and you are set up for forming kidney stones," said Dr. Laura L. Mulloy, Acting Chief of the Section of Nephrology who works with MCG's new Kidney Stone Program.

"Urine is basically a whole bunch of salts in solution," said Dr. Arthur M. Smith, MCG urologist, who works with the program. "It doesn't take a whole lot for something to precipitate out. Once you get a crystal formed, a lot of crystals can form over it."

Kidney stones are basically a collection of crystals, typically of oxalate, calcium or uric acid, all unused byproducts of the body's metabolism that need to be eliminated. Too much of one or more of these byproducts in combination with insufficient fluid is prime breeding ground for forming a kidney stone.

"We all live in a fine line between everything staying in solution and precipitating out," Dr. Smith said. "When we get dehydrated, we are really set up for stone formation."

"Genetics may be a factor, like in heart disease," said Dr. John Adams, endourologist who in July brought his expertise in operating through the fine eye of an endoscope to MCG. "I think a lot of it has to do with the climate, the water that we drink or don't drink. Iced tea is a big [factor]." As with just about everything, the key is moderation, Dr. Adams said.

Other factors, such as inactivity, also may come into play; Dr. Smith noted that stone formation has been documented in Russian astronauts in space for long periods. Inadequate hydration also may be a factor for those astronauts, he said. Other risk factors include diseases, such as gout, which results from increased uric acid levels.

"Nationwide, about 70 percent of people will have one episode in their life of systemic stone disease, meaning they will have pain, blood in their urine or pass gravel," Dr. Mulloy said.

"It's like having a baby, I've been told," said Dr. Pamela J. Fall, another MCG nephrologist with the Kidney Stone Program.

"I'd rather have 1,500 children than have one attack of kidney stones," Mrs. Wilson echoes. "To give you a comparison of the pain, I was in an automobile wreck in 1963 and I went through the windshield and came back through. I was awake for five hours while they sewed my face up. That didn't hurt nearly as bad as an attack of kidney stones."

At MCG's new interdisciplinary Kidney Stone Program, held every Thursday in MCG's Ambulatory Care Center, doctors are taking a new approach to treating and preventing kidney stones. Typically, a patient sees a urologist or a nephrologist, not both, Dr. Mulloy said. But a new trend combines the skills of a surgeon specializing in the urinary tract with those of a kidney specialist in an approach that stresses prevention.

"The way stones are formed has a

Kyle West, diagnostic medical sonographer at the MCG Hospital and Clinics, performs a renal sonogram on Jacqueline W. Wilson.

metabolic basis. If we evaluate patients in terms of family history, dietary history, their medications, looking at their urine volumes, analyzing their urine, in most cases we will be able to keep patients from having stones again," Dr. Mulloy said.

She uses a reference laboratory in San Antonio that can quickly analyze a day's worth of urine. In the past, it took three days' worth of 24-hour urine collections to provide adequate samples for analysis. "You can imagine the trouble with coordinating adequate collections from a patient in a timely fashion, getting them to the lab and collating the data," she said. Patients also are encouraged to urinate through tea strainers in an effort to trap a passed stone for analysis.

The idea is to find what caused the stone in the first place and identify what factors can reduce the risk of developing a second one. With proper therapy, that second stone can be avoided about 96 percent of the time.

Stones can be small enough that with adequate fluid intake, they pass naturally out of the kidneys and through the urinary tract. Or, they can be large enough to fill the collecting system of kidneys and branch down into the drainage system.

"Some people pass big stones; other people get very tiny grains of sand stuck. I've seen ones as big as the tip of your finger pass," Dr. Adams said. The hardest part is getting the stone to pass from the kidney through the ureter, the tube connecting it to the bladder; anything that makes it that far usually can complete the trip.

At their worst, stones injure the kidney, potentially even rupturing its collecting system and destroying the kidney. At best, if the stone is small and immobile, you may never have the first symptom.

In the MCG Kidney Stone Program, urologists and nephrologists jointly determine the best approach to getting rid of an existing stone or stones. Sometimes therapy can be as simple as significantly increasing fluid intake. Other times, stones may be shattered by the shockwaves of a lithotripter. When these attempts won't get the job done, surgeons can remove the stone, ideally through a small opening in the patient's back, or if not, through a larger incision where the kidney is literally split open. At times, treatment is a combination of two or more of these approaches.

"If the stone is small, you can do the lithotripsy, the patient goes home the same day, passes the fragments over a couple of days and is done with it," Dr. Adams said. But with larger stones, he makes an incision just under the rib cage in the back, then, through a small tube he either uses a grasper to pull the stone out or a small ultrasonic probe that uses very high frequencies to break up the stone and immediately suck out the fragments. "The literature says you lose about 20 percent of kidney function if you have to go through the meat of the kidney. That approach is used when the stones are really large. The percutanous approach is much less traumatic to the kidney."

Just that day he'd performed a lithotripsy on a young woman who several weeks earlier had a stone almost as big as her hand. He made the small incision through her back, broke the stones up with the probe and removed most of the fragments. She was left with a thumbnail-sized stone that could be treated with lithotripsy. "The trick is getting them stone-free so that fragments do not serve as centers for stone reformation," he said. ■

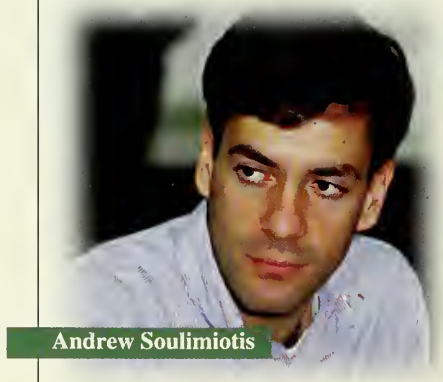
—TONI BAKER

STUDENT ROUNDTABLE

Medical College of Georgia Today *editor Christine Hurley Deriso sat down recently with a group of MCG students to gauge their feelings about the state of healthcare today and how they anticipate their careers will be affected by the dramatic changes unfolding in the field.*

The panel includes:

- **Kristy Allen,** a Department of Physical Therapy senior from Douglas, Ga.
- **Bill Fricks,** a graduate student from Newport News, Va., earning a master's degree in biochemistry.
- **Ron Lewis,** a School of Medicine senior from Atlanta. He plans to specialize in general surgery.
- **Christy Long,** a School of Nursing senior from Lilburn, Ga.
- **Ramani Ramchandran,** a graduate student from India earning a Ph.D. in biochemistry/molecular biology.
- **John Rectenwald,** a School of Medicine senior from Atlanta. He plans to specialize in general surgery.
- **Vernica Roberson,** a School of Nursing senior from Aiken, S.C.
- **Andrew Soulimiotis,** a School of Dentistry sophomore from Norcross, Ga.
- **Catherine Swann,** a Department of Nuclear Medicine junior from Augusta.
- **Steve Wray,** a School of Medicine senior from Atlanta. He plans to specialize in neurosurgery.



Andrew Soulimiotis

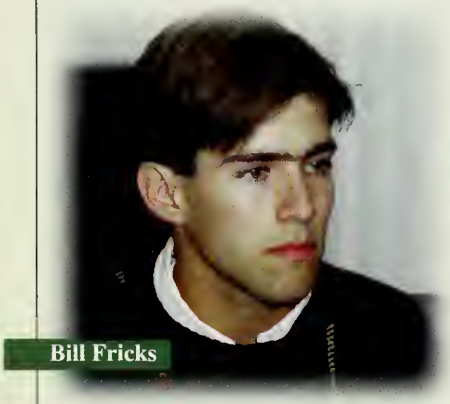
Vernica Roberson

Are you apprehensive that your future career field—currently experiencing unprecedented changes such as managed care, federal cuts, vastly shortened hospital stays, etc.—is in such a state of flux?

Ms. Swann: I am. There are all these cuts going on in hospitals, but with an aging population, I don't know how we can make the cuts and still provide the same level of care.

Mr. Wray: I think that regardless of changes, healthcare will still be the most rewarding profession anyone could enter. I know things are changing; I just hope

the changes aren't to the patients' detriment, which seems to be the case if we move toward a rationed system.
Ms. Allen: For so long, my field [physical therapy] was like a golden entity; nobody ever questioned anything we did. Now, insurance companies are actually starting to study physical therapists' notes. We are really having to support choices we're making as therapists. There is a positive aspect to it, because patients are getting better and more effective treatments.
Ms. Long: When my classmates and I started nursing school, we expected to be working in a hospital. We quickly learned that everything will be more community-based and prevention-directed. I think it's a good thing. I also think advanced-practice nurses will have a much bigger role in the future.


Bill Fricks

How do you feel about that much bigger role? Are you medical students threatened or disturbed by the increasingly autonomous roles of non-physician healthcare providers such as nurse practitioners and physician assistants?
Mr. Lewis: At this point, I'm not threatened at all by them becoming more active. I don't anticipate losing any of my particular skills to anyone else.
Mr. Wray: I think it's a supply/demand problem. Last I heard, 13 Georgia counties did not have a resident physician. To get someone in those areas —whomever it is—is wonderful. I've never seen a [certified registered nurse anesthetist] that I wouldn't let put me to sleep. I think they do a great job.
Mr. Rectenwald: If [non-physician healthcare providers] start competing to provide the same services [as a physician], I think it would come down to a patient's choice. I just hope managed care doesn't prevent people from making those choices.
Ms. Roberson: I think competition among physicians and non-physicians has the potential to become complex. If a patient has the choice, he'll usually go with the cheaper one, and nurses and physician assistants will be cheaper.
Ms. Swann: I disagree. I think most people would go to a doctor if they had the choice. But I think health maintenance organizations may force them to go to a nurse or physician assistant, and that's a problem. There's a big difference in the way they're trained. I'd prefer to see a doctor.
Ms. Roberson: But what about poor people who can't afford a doctor?

Christy Long

Yes, what about them? Are you concerned that increasingly sparse resources and an increasingly competitive healthcare environment may threaten the health of the indigent population—which eventually would jeopardize the health of society as a whole?
Mr. Wray: I'm very concerned. The same people will still receive care, because we won't turn them away. But it will be a totally losing proposition. It's not fair to ask a hospital [such as MCG] to treat these patients and get nothing in return.
Mr. Lewis: I don't think the American public will tolerate [people not receiving healthcare]. On the other hand, I don't think the public realizes the implications of what's going on [politically, with trends such as diminished federal funding for the care of the indigent and elderly].
Ms. Swann: It's like people want healthcare for free, without paying more in taxes. The money has to come from somewhere. We can keep putting IOUs in the national debt, but that's not money. It's just paper.
Mr. Wray: But I don't think government is our biggest problem. It's not the government trying to take over healthcare; it's business trying to take it over.
Should business principles be applied to healthcare?
Mr. Lewis: I think it's reasonable for third-party payers to insist on cost-effectiveness. But then we get into the issue of who's deciding what's cost-effective. I don't think my dad, as a businessman, would tolerate a third party telling him how much to charge for a cabinet. I don't think insurance companies should tell us how long to keep a patient in the hospital, especially when we have to assume liability.

Catherine Swann

But might third parties, such as health maintenance organizations, improve medicine and make healthcare providers less vulnerable to malpractice litigation by insisting on very standardized treatment protocols?
Mr. Rectenwald: There's no art to that. I didn't go into medicine to practice cookbook medicine. There's an art and intuition to medicine.
Ms. Long: Cookbook medicine is impossible. Patients are so individual.
Mr. Soulimiotis: I think health maintenance organizations work for routine medicine. But in matters of serious illness, people will find a way to get what they need.
Mr. Lewis: I think you have to be careful, in terms of quality of care, of simply looking at the bottom line.

Ron Lewis

Are you concerned that the business principles driving the healthcare

industry will diminish your earning power?

Steve Wray

Mr. Rectenwald: We won't know any different. It's much different for those of us going into the field than for a physician who's been practicing several years and whose income is suddenly going down.

Mr. Lewis: I think we'll always enjoy a reasonable income. [And I think the people who complain about doctors' incomes] don't really know what we go through to get our degree.

Speaking of those types of complaints—are you medical students disheartened that the public seems to hold physicians in lower esteem than in the past?

Mr. Lewis: I think we want to be respected as individuals, rather than because we carry an M.D. behind our names.

Mr. Wray: Twenty years ago, a doctor would say something and there was no one to second-guess him. The fact is, there are some bad doctors out there. And those bad doctors just mar the whole field. But I think if you asked individuals how they feel about their doctors, you'd get a very favorable response.

Do you think your education is preparing you adequately for the vast changes sweeping the healthcare industry?

Ms. Allen: The physical therapy program has actually changed from my junior year to my senior year so we can be better-prepared. The faculty is working hard to teach us what we need to know when we start practicing.

Ms. Roberson: I feel the nursing program is preparing us very well. We go on home visits, supply patients with equipment, do procedures on them at home—all of which cuts down on healthcare costs.

Are you concerned about contracting AIDS or other communicable diseases from patients?

Mr. Ramchandran: In research, we work with viruses all the time. We've been trained well enough to know how to handle viruses.

Mr. Soulimiotis: I think even before all the regulations [mandating safety standards], there wasn't much chance of contracting AIDS as long as you performed the procedure carefully.

Mr. Rectenwald: But still, you can't help but be concerned about it. There certainly have been healthcare professionals who've said, 'It won't happen to me,' and it does. You just have to be conscientious and careful.

Kristy Allen

Overmedication has received a great deal of publicity lately. Are you concerned about the implications, both for the individual, and for society as a whole—for instance, the fact that bacteria are becoming harder to kill because of the overuse of antibiotics?

Ms. Long: Yes. I think the elderly in particular are very overmedicated.

Mr. Wray: I think a big problem is that patients demand prescriptions for every ailment. And if one doctor doesn't give it to them, they can go to the one next door. It's a balance between good medicine and good business.

Mr. Ramchandran: This is where research comes in. Researchers are doing a lot in the area of multi-drug resistance [to try to develop, for instance, more powerful antibiotics]. Everything in medicine comes back to basic science research. If we don't have the funds, the research won't progress.

Ramani Ramchandran

And research funds certainly seem to be diminishing.

Mr. Fricks: I'm going into medicine, but I've been in research for two years, and I appreciate the work going on. It's sad that researchers are underappreciated and underpaid. Their salaries will probably go down even more, and they work really hard.

Mr. Ramchandran: Diminished research funding is a big problem. After five years of Ph.D. work, you want to get a stable job, and that may not be possible. It may keep a lot of people from going to graduate school. To put a lot of work into something and not get anything out of it is very unfortunate. I'm very concerned about my ability to get a job. A lot of researchers are going to the private sector, but [the private sector] also has a lot of funding pressures. The chance of getting a [National Institutes of Health] grant is becoming almost impossible. The research will go on, but since funding is insufficient, it may take 20 years to complete research that otherwise would have taken five. Without research, we wouldn't be where we are today. It's the backbone of medicine. ■

John Rectenwald

You refer your patients to a specialist. Why wouldn't you do the same for your practice?

Hyatt, Imler, Ott & Blount
Clinical and Financial Management Specialists
770-394-8800

H I O B

DERMIK LABORATORIES, INC.
Dedicated to Dermatology™
A RHÔNE-POULENC RORER COMPANY

Makers of:
Benzamycin® Rx
(erythromycin 3%, benzoyl peroxide 5%)
Psorcon® Ointment Rx
(diflorasone diacetate 0.05%)
Psorcon® Cream Rx
(diflorasone diacetate 0.05%)

CONGRATULATES the
Medical College of Georgia
Class of 1995

DERMIK LABORATORIES, INC.
500 Arcola Road, P.O. Box 1200
Collegeville, PA 19426 • 215/454-8000

Reese X-ray Co., Inc.

X-RAY EQUIPMENT & PROCESSORS
LOCAL STOCK OF FILM - CHEMICALS
SALES & SERVICE

P. O. Box 6248
North Agusta, SC 29841
Phone: 803/279-7294
Fax: 803/279-7357

ESTABLISHED 1958
Builders Hardware
&
Specialty Company, Inc.

1811 WYLDS ROAD
AUGUSTA, GEORGIA 30909
Phone: 706 738-4673
Fax: 706 738-9435
J.J. ANDREWS, A.H.C. *DAVID C. ANDREWS, A.H.C.*

RiverNorth

North Augusta
Riverfront Community
Riverfront Lots with
Pre-approved
Boat Dock Permits

Riverfront lots begin at
$100,000
Interior lots begin at
$35,000

Call Carl Sanders
706-860-2283

Contract Dentists

DDS Staffing Resources' Contract Dentist service assists you in keeping your practice up and running when you have to be away. Each dental candidate is carefully screened and references checked.

Call for detailed information on this exclusive service provided throughout the State!

(770) 998-7779

Associateship Placement also available.

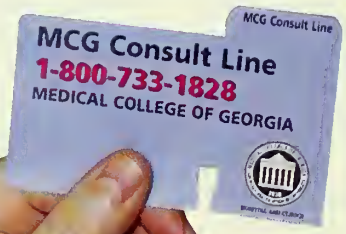
863 Holcomb Bridge Road, Suite 230
Roswell, GA 30076

DDS STAFFING RESOURCES
Established 1984

By calling the MCG Consult Line, you can consult with a faculty physician, request a referral, discuss new patient care techniques and recent research findings, or even inquire about continuing education opportunities.

Your call will be answered 24 hours a day by a physician consultation specialist who will promptly connect you with the physician, service or department of your choice. If you do not know which physician or service to ask for, the specialist will assist you in identifying the appropriate MCG resource.

1-800-733-1828.



MEDICAL COLLEGE OF GEORGIA
GEORGIA HEALTH SCIENCES UNIVERSITY
1828
HOSPITAL AND CLINICS

YOUR NEW CALLING CARD

AlumNews

Children Center Stage During Ground-Breaking

Christine Hurley Deriso

Medical College of Georgia Children's Medical Center patients were center stage during a ground-breaking ceremony for the new CMC Nov. 10.

"Today marks the beginning of a better tomorrow for our most precious commodity: our children," said MCG President Francis J. Tedesco during the ceremony. Several former or current CMC patients dug into the ground of the site with child-sized shovels to commemorate the occasion.

The 220,000-square-foot, $53 million facility, to be located on Harper Street adjacent to MCG's existing clinical facilities, is scheduled for completion in late 1997.

Other dignitaries at the event included Georgia Gov. Zell Miller, Georgia House Speaker Thomas B. Murphy, University System of Georgia Regent Thomas S. Allgood Sr. and Dr. James W. Bennett, Augusta pediatrician and a member of the MCG Children's Medical Center Committee of the Hospital Advisory Board.

Gov. Miller hailed the event as "a dream that is finally going to come true. This is going to be a very, very special facility. Providing care for our children is a significant statewide function at MCG."

The Governor noted that the facility's commitment to wellness, disease prevention and family-centered care will mean "both better service and better value for Georgia's children."

Last year, the existing CMC, housed primarily on the eighth floor of the Medical College of Georgia Hospital, treated children from 150 of Georgia's 159 counties and operated some 30 satellite clinics throughout the state. Such a wide reach has a profound impact on those in Georgia and beyond, Gov. Miller said, and the new CMC will enable even better service.

"[The new CMC] will allow MCG to focus more fully on improving the health status of all of our children," he said. ■

Dr. Tedesco Challenges MCG Community to Reshape University

Christine Hurley Deriso

The future success of the Medical College of Georgia will depend largely on the willingness of the MCG community to "work together, confidently and creatively, to reshape our university," MCG President Francis J. Tedesco said during his 1995 State of the University Address Nov. 9.

Dr. Tedesco enumerated the unprecedented challenges facing MCG and other medical schools and teaching hospitals, including

Dr. Francis J. Tedesco

decreasing state and federal reimbursement for healthcare services; decreasing federal support for medical education; and the shift to managed care, "which has failed to recognize the cost of medical education," he said.

"We can expect to be adversely affected by these phenomena, especially by capitation, the latest step in the evolution of reimbursement for healthcare," Dr. Tedesco said. He cited a recent study predicting a $16 million loss to MCG resulting from the transition from fee-for-service to a capitated payment system, in which healthcare providers receive a set fee per patient, regardless of the patient's treatment.

"Without a doubt, these are changes that will erode the revenue currently supporting graduate medical education as well as healthcare services," Dr. Tedesco said.

But MCG has anticipated these challenges and acted accordingly, Dr. Tedesco said. The university has taken several steps to ensure that the institution will continue to thrive, including:

- Implementing a Workforce Management Initiative to coordinate hiring decisions and ensure that MCG's workforce reflects institutional priorities;
- A 16 percent reduction in MCG Hospital and Clinics operating expenses for fiscal 1997 and 1998.
- *Operation Brainstorm,* a program inviting the MCG community to suggest cost-saving ideas, which thus far has yielded more than 200 recommendations, 80 percent of which are useable ideas.
- Process improvement/ reengineering workshops for various segments of campus to help maximize productivity and minimize costs.

Dr. Tedesco also is working with the University System of Georgia Board of Regents to lay the groundwork for new and more competitive means of delivering patient care, such as developing a provider network to ensure MCG's participation in the managed-care environment.

...continued on page 10

...continued from page 9

"As an institution, we have begun to completely rethink how we do business, rethink our hiring and our expenditures, and we will begin to consolidate, eliminate or downsize those activities that are no longer as important as some others are to our core missions of teaching, research and patient care."

But he expressed confidence that MCG will rise to the challenge, citing evidence that the university has never been stronger. Indicators of success during the past year include:

- High rankings for the Schools of Medicine and Nursing in *U.S. News and World Report.*
- The number-two nationwide ranking of School of Dentistry seniors on Part II of the National Board Examination.
- The Department of Medical Technology's successful distance-learning program in Dalton, Ga.
- Total extramural funding of more than $23.2 million.
- A growing physical plant, including the forthcoming MCG Research Facility and MCG Children's Medical Center. ■

Homecoming Set May 2-5

The Medical College of Georgia will celebrate Homecoming 1996 May 2-5. The following plans have been finalized. Complete details, including costs for events, will be published in the spring 1996 edition of *AlumNews*. A Homecoming brochure and reservation form will be mailed to alumni and faculty in late February. Events are listed chronologically. For more information, call the Alumni Office at 1-800-869-1113.

Thursday, May 2, 1996

- On-site registration, 9 a.m. to 2 p.m., MCG Alumni Center lobby.
- School of Graduate Studies Alumni Association Distinguished Alumnus Award Presentation and Lecture, 4 p.m., MCG Alumni Center Ballroom. Faculty, alumni and students invited.
- School of Graduate Studies Alumni Association reception following award presentation and lecture, 5 p.m., MCG Alumni Center Garden Room.
- School of Graduate Studies cookout, 6 p.m., MCG Alumni Center pool area.

Friday, May 3, 1996

- On-site registration, 9 a.m. to 4 p.m., MCG Alumni Center lobby.
- Homecoming hospitality suite opened 9 a.m. to midnight, Radisson Riverfront Hotel.
- Dental hygiene program, 8:15 a.m. to 4:15 p.m. (registration at 7:45 a.m.), MCG Alumni Center Ballroom.
- Homecoming golf tournament, tee times begin at 10 a.m., Jones Creek Golf Club.
- Tour of MCG Hospital and Clinics, 10 a.m., MCG Alumni Center lobby.
- Physical therapy open house, 10:30 a.m. to 12:30 p.m., Physical Therapy Building.
- School of Allied Health Sciences Alumni Association luncheon and presentation of Distinguished Alumnus Award and departmental awards, noon, Old Medical College Ballroom. Alumni and faculty invited.
- Physical therapy program: "Dynamic Treatment with Inflatable Equipment" by physical therapist Ilana Dannerman, 1-5 p.m., Physical Therapy Building.
- School of Medicine Dean's Reception, including unveiling of former Dean Gregory Eastwood's portrait, 5-7 p.m., Old Medical College Solarium. Alumni and faculty invited.
- Physical therapy dinner and retirement award presentations to Bella J. May and Harold Smith, 6:30 p.m., location to be announced.
- School of Medicine Alumni Association banquet including presentation of Distinguished Alumnus Awards, recognition of School of Medicine Alumni Association scholarship recipients and installation of new officers, 7 p.m., Old Medical College Ballroom.

Saturday, May 4, 1996

- Dental hygiene program, 8 a.m. to 12:45 p.m. (registration begins at 7:45 a.m.), School of Dentistry Building.
- 18th Annual Marvin Goldstein Lectureship, 8 a.m. to noon and 1:30-4:40 p.m. (registration begins at 7:45 a.m.), Radisson Riverfront Hotel.
- Physical therapy program: "Sports Medicine Management of Lower-Extremity Dysfunction;" course coordinator: Dr. Douglas R. Keskula; 8 a.m. to 5 p.m., Physical Therapy Building.
- On-site registration, 9 a.m. to 4 p.m., MCG Alumni Center lobby.
- Homecoming Hospitality Suite opened 9 a.m. to midnight, Radisson Riverfront Hotel.
- School of Medicine Alumni Association Board of Directors meeting, 9:30 a.m., MCG Alumni Center Garden Room.
- Alumni cookout, 11:30 a.m. to 3 p.m., location to be announced.
- School of Dentistry Alumni Association business meeting, noon to 12:30 p.m., Radisson Riverfront Hotel.
- 18th Annual Marvin Goldstein Lectureship luncheon, 12:30-1:30 p.m., Radisson Riverfront Hotel.
- MCG Foundation Board of Directors meeting, 1 p.m., Old Medical College Conference Room.
- School of Medicine nostalgia hour, 2-3 p.m., MCG Alumni Center.
- President's Reception, 3:30-5:30 p.m., home of President, 920 Milledge Road. Faculty, residents, interns, alumni, board members and their guests invited.
- School of Nursing Alumni Association program and dinner, including presentation of Distinguished Alumnus Awards, 6:30 p.m., location to be announced.
- School of Dentistry Alumni Association reunion dinner and presentation of Distinguished Alumnus Award, 6:30 p.m., location to be announced.
- School of Medicine Class of 1946 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1951 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1956 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1961 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1966 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1971 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1976 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1981 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1986 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine Class of 1991 reunion, 7 p.m., Radisson Riverfront Hotel.
- School of Medicine reunion for alumni who graduated from MCG more than 50 years ago, 7 p.m., Radisson Riverfront Hotel.
- Homecoming dance, 9:30 p.m., Radisson Riverfront Hotel.

Sunday, May 5, 1996

- School of Medicine Alumni Association Memorial Service,

...continued on page 20

Allied Health Sciences

Project Eases Life for Handicapped Children

Ingrid Heggoy

Several Medical College of Georgia occupational therapy students did much more than complete a class project recently when they constructed a wheelchair ramp. They made life much easier for a little boy in a day-care center who has cerebral palsy.

"Before today, we've been carrying the wheelchair out, then carrying Brett out and putting him back in his chair when it was time to play outside," said Virginia Love, Director of Happyland Playhouse Day-Care Center in Clearwater, S.C. "This will make it so much easier for Brett and the other children we have in wheelchairs to get in and out. It's going to be a tremendous help for us."

Senior occupational therapy students taking their adaptive equipment course must make a piece of equipment during the quarter. Typical projects include smaller items, such as an angled writing surface with velcro holder for a clipboard, used to help wheelchair-bound children write, and a "reacher," to help people grasp items that are out of range. When faculty member Kathee Cammisa told the students about Brett and his need for a ramp, eight of the 14 members of the class decided to work together on the project.

Once the class decided to build the ramp, Ms. Cammisa approached Home Depot and Pratt-Dudley/Ace Hardware to ask them to donate materials. Both companies agreed, and after Ms. Cammisa's husband, Bill, agreed to lend his carpentry expertise to the class, the project was under way.

Students planned the ramp and assembled sections of it in class, then met Aug. 18 at the day-care center to install it.

Participating students include Pam Allen, Susan Erwin, Linda Glover, Mark Kurtz, Anna Peddy, Mary Alice Raley, Mickey Stone and Malody Valentine.

"I thought this would be a worthwhile project, and it's something more than just meeting the requirements of the assignment," said Mary Alice. "It's been quite a challenge, but it's definitely worth it."

The day-care center is planning to make good use of the new ramp, not only for Brett, but also for three other wheelchair-bound children in the facility, as well as two blind children. The small, church-centered facility typically cares for about 65 children, and Ms. Love said the ones with handicaps fit right in with everyone else.

"I feel like we are ministering to the children, and we'll do what we can to meet each one's needs," Ms. Love said. "It wasn't hard for us to decide to accept the children in wheelchairs. I feel that we can help them, and they just fit right into the daily routine here with the rest of us. Now, it will be even easier to make sure they can be right here with all the other children." ■

O.T. faculty member Kathee Cammisa (center) assembles wheelchair ramp with students.

Alumni Association Extending Its Reach to Students

Christine Hurley Deriso

Dana Jones, President of the Medical College of Georgia School of Allied Health Sciences Alumni Association, says the title of her organization doesn't really tell the whole story.

Sure, the association first and foremost serves the school's alumni. But another important—and growing—function is serving the school's students.

"Our big push lately has been to involve students," said Ms. Jones, who began her two-year term as president this fall. Students are invited to join the association, and their dues are used for scholarships. Last year, the association awarded four scholarships and hopes to continue expanding the program.

Student members also are invited to the association's bimonthly meetings. "We're really interested in any ideas or needs they have," Ms. Jones said.

Not long ago, Ms. Jones herself was a student. She graduated from the Department of Physical Therapy in 1992 and today is a senior physical therapist at MCG.

She also works part-time in outpatient orthopedics for the MCG Center for Sports Medicine.

"Sports medicine is what made me really decide on physical therapy," she said.

"I like being associated with sports; I play tennis and work out." She treats all levels of sports injuries, from beginner through professional, including the professional athletes in town for special events. She also is on hand at Glenn Hills High School sporting events to help treat injuries.

"If [the players] have injuries on the field, we're the ones to take

care of it," she said, referring to the entire Center for Sports Medicine staff, which serves athletes in the Augusta area and beyond. Medical school residents and emergency medical technicians also are on hand at the games to treat injuries. "The injuries can be anything from cramps to fractures," she said.

Ms. Jones covers the games on her own time, but she considers the function a labor of love. "It's not like a job. You get to be on the sidelines and watch a game."

The Center for Sports Medicine is an ideal environment to practice healthcare, she said. "Being a relatively new graduate, there's so much to learn," she said. "This is a great place for that, because everybody is learning together and learning from somebody else's expertise. A work environment can make or break a job. We just have so much support. We really work well together as a team." ■

Allied Health Wins 3 Awards

Caroline Fitzpatrick

The Medical College of Georgia School of Allied Health Sciences has been honored by the Georgia Society of Allied Health Professionals with three awards. The Department of Occupational Therapy received the Outstanding Program Award and faculty members Teru Creel and Dr. Doug Keskula received the Leadership Award and the Research Award, respectively.

Ms. Creel has been an Assistant Professor in the Department of Occupational Therapy since 1993. She received her bachelor of science degree from MCG and her master of science degree in healthcare policy and administration from Mercer University in Atlanta.

Dr. Keskula has been an Assistant Professor in the Department of Physical Therapy since 1993. He received his master of science degree in health science from Springfield College and his doctorate in education from the University of Virginia.

"We have a very hard-working and dedicated faculty," said Dr. Biago Vericella, Dean of the MCG School of Allied Health Sciences. "We're happy that their efforts are being recognized."

The GSAHP is made up of several educational institutions and professional organizations within the state, as well as individual members. The GSAHP Awards, announced in June, are given annually. ■

Med Tech Offered Via Darton College

Caroline Fitzpatrick

The Medical College of Georgia School of Allied Health Sciences recently established a program that will allow students at Darton College in Albany, Ga., to earn a bachelor's degree in medical technology from MCG without leaving Albany. A similar program has been in place at Dalton College in Dalton, Ga., since summer 1994.

"So far I'm pleased with the external-degree program's success," said Dr. Julia Crowley, Chairman of the MCG Department of Medical Technology. "We're fortunate to have the technology and the support from the MCG campus to do this. The staff deserves a lot of praise."

With the program, off-campus classrooms and a MCG classroom are connected through computers, video and audio equipment. The instructors and the students in both locations are able to see and hear each other through cameras and microphones placed in the front and back of both rooms. A toll-free phone line has been set up so students can call if they need extra help.

Four students participate in the program from Darton, five from Dalton and 17 from MCG. The students from Darton and Dalton also work full-time as medical technicians in the laboratories of local hospitals. Because of their background in the field, off-campus students do very well in the program, said Dr. Crowley.

"With this program, off-campus students are able to get a degree that they wouldn't be able to get otherwise because of money or distance. MCG students have the benefit of being exposed to students who are already working as medical technicians," said Dr. Crowley.

"A great advantage to the program is that we're not limited to one place," she said. "If at any time the enrollment rates or the local interest drop, then we can just move." Three years is the ideal time to spend on a campus but the program could stay longer to meet the needs of an area, said Dr. Crowley.

Several other campuses have already expressed interest in establishing an external-degree program, including schools near Macon, Ga., and Gainesville, Ga. "We have the potential to move across the state," said Dr. Crowley. ■

7 Join Faculty

Ingrid Heggoy

Seven faculty members have joined the Medical College of Georgia School of Allied Health Sciences in the departments of physical therapy, dental hygiene and medical illustration.

Sherry Lynn Clark joined the Department of Physical Therapy in July as an Assistant Professor. Before coming to MCG, Ms. Clark was physical therapy education coordinator for Shepherd Spinal Center in Atlanta.

Elizabeth T. Wark joined the faculty of the Department of Physical Therapy in May as an Assistant Professor. Previously, Ms. Wark was the Assistant Director of the Acute Physical Therapy Department and Center Coordinator of Clinical Education at the University of Virginia Hospital in Charlottesville, Va. Charlotte Austin Chatto joined the Department of Physical Therapy as an Instructor in October. She comes to MCG from Columbia, S.C., where she was a senior neurology/neurosurgery rehabilitation physical therapist at Richland Memorial Hospital and a physical therapist with Carolina Home Health.

Sarah J. Wallace joined the Department of Physical Therapy in March as an Instructor. Before coming to MCG, Ms. Wallace was the Director of Rehabilitation at the Portland Convalescent Centre in Hartford, Conn., and an Instructor at the University of Connecticut's physical therapy program.

In the Department of Associated Dental Sciences, Nancy A. Anderson joined the faculty as an Assistant Professor. Ms. Anderson comes to MCG from the University of Alabama School of Dentistry, where she was an Assistant Professor of Clinical Dentistry in the Dental Hygiene Program.

Michelle M. Adams also has joined the Department of Associated Dental Sciences as a part-time Instructor. Ms. Adams, who has worked as a hygienist since 1983, earned a bachelor of science degree in dental hygiene from MCG in 1983 and a master's degree in business administration from Augusta College in 1990.

John E. Foerster has joined the Department of Medical Illustration as an Assistant Professor. Mr. Foerster comes to MCG from Fort Collins, Colo., where he was President of Foerster Illustration, Inc. From 1989 to 1991 he taught biomedical illustration at Colorado State University, in Fort Collins. ■

Link Between Diabetes, Periodontal Disease Studied

Glenn Hudson

Medical College of Georgia researchers are trying to determine why diabetes is a risk factor for periodontal disease.

About 95 percent of the U.S. population has some degree of periodontal disease, an accumulation of bacteria in the space between the tooth and gums, said Dr. Sidney Stein, Assistant Professor of Periodontics and Oral Biology at the Medical College of Georgia School of Dentistry. Bleeding gums and inflammation are two of the most visible signs of periodontal disease, Dr. Stein said. If left unchecked, the bone under the gums can erode and lead to tooth loss. What is not known is why patients with type-one insulin-dependent diabetes have more serious cases of periodontal disease.

"We suspect that for some reason, patients with type-one diabetes have an impaired resistance to the germs associated with periodontal disease," said Dr. Stein, a member of a comprehensive team of dental and medical researchers at MCG studying the relationship between diabetes and periodontal disease. "We also suspect that patients with diabetes have delayed wound-healing, vascular problems and genetic factors which play a role in the disease process."

The research was launched in 1990 when Dr. William Hoffman, Professor of Pediatrics and Chief of Pediatric Endocrinology at MCG, contacted Dr. Jerry Garnick, Chairman of Periodontics at the MCG School of Dentistry, because he was impressed with the number of pediatric patients with diabetes who had unrecognized dental problems. "I contacted Dr. Garnick to document the cases of periodontal disease. We looked at a group of about 50 pediatric patients with diabetes," Dr. Hoffman said. "In the initial study we demonstrated that there is a link between diabetes and periodontal problems in children and adolescents." This research was published this year in the *Journal of Clinical Periodontology*.

"One of the interesting things we found is that young patients with diabetes have more sites of inflammation which are more severe than the group we studied without diabetes," Dr. Garnick said. "Now we are looking to see if there are genetic or micromolecular changes that can account for this increase in inflammation."

"We're looking to improve the long-term health benefits to children," said Dr. Hoffman. "Our hope is that periodontal disease will no longer have to be one of the very earliest complications of diabetes.

"It's a tremendous and frequently unmet challenge—educating the patient and the family about the necessity to prevent periodontal problems and its role in the overall health of the patient. Fortunately, the state of Georgia has a superb program in the Medical College of Georgia Children's Medical Center diabetes program."

As part of the comprehensive team, Dr. Carl Gustke, a resident in the MCG School of Dentistry Department of Periodontics, is looking at the ability of white blood cells called neutrophils to respond to a germ threat in the mouth. This movement of neutrophils is suspected to be impaired in patients with diabetes, resulting in more serious breakdown of gum tissue. Dr. Gustke has observed that 25 percent of patients with diabetes have this neutrophil defect.

Dr. Steven Watson, also a resident in the MCG School of Dentistry Department of Periodontics, is trying to determine why patients with diabetes have impaired response to germs. He is examining interleukin 8, a protein that attracts neutrophils to a particular site of infection and thus helps regulate the response of white blood cells to germs. Preliminary data suggests some differences in interleukin 8 production in patients with diabetes.

Dr. Gustke presented his findings at the 10th International Conference on Periodontics and at the American Academy of Periodontics in September in New York. Dr. Watson will present his findings at the academy's annual session in fall 1996 in New Orleans.

Identification of the alteration of the immune system in patients with diabetes may ultimately lead to additional treatment for their periodontal needs. "In the meantime, patients with diabetes should practice prevention through rigorous oral hygiene and more frequent dental appointments." Dr. Stein said. "This way, if gum disease begins, we can intervene at an earlier stage in the disease process." ■

5 Named Hinman Scholars

Glenn Hudson

Five Medical College of Georgia students have been named Hinman Scholars by the Thomas P. Hinman Dental Society.

Bradley Adams, an MCG dental school junior, and Laura Griffiths, a dental sophomore, received $2,000 scholarships.

Suzanne T. Kinard, Erin M. Sheehan and Cynthia J. Link, all freshman dental hygiene students in the MCG School of Allied Health Sciences, received $650 scholarships.

The Thomas P. Hinman Dental Society selects scholars first by choosing schools which exemplify quality dental education, then by selecting outstanding students from those schools. ■

Researcher Working to Reattach Loosened Gum Tissue

Glenn Hudson

A Medical College of Georgia periodontist is working to reattach gum tissue loosened by periodontal disease.

"Periodontal disease results from inflammation caused by germs found in plaque. This germ attack results in the gums losing their attachment to the teeth, thus forming pockets," said Dr. John Sterrett, Associate Professor of Periodontics in the MCG School of Dentistry. "These pockets can become deeper and eventually lead to bone loss under the tooth, which can in turn lead to tooth loss."

Reattaching the gum to the root surface is important to the healing process once periodontal disease is brought under control, said Dr. Sterrett. His work centers on demineralizing the root surface of the tooth to spur gum reattachment. "We've been using citric acid to demineralize the root surface," he said. "This demineralization process results in a velcro-like surface of collagen on the root which may facilitate reattachment of the gum to the tooth."

Although Dr. Sterrett is working

on extracted teeth, the amounts of citric acid used in the study would not harm surrounding tissue in the mouth.

Dr. Sterrett also is measuring the correct ratio of width to height of the crowns of the upper front six teeth. Sophomore dental student Ben Knaak assisted Dr. Sterrett on this project during the summer.

"Some patients have what is called a gummy smile, which means that some gum tissue covers a part of the tooth which is normally exposed," said Dr. Sterrett. "This results in squatty or square teeth, which is not aesthetically pleasing to the patient."

Dr. Sterrett's measurements have determined that the width of the tooth should be approximately 80 percent of the height of the tooth. Using this bench mark, he hopes clinicians can more accurately remove excess gum tissue, resulting in a normal rectangular crown. ■

Study Finds Children Swallow Too Much Toothpaste

Glenn Hudson

Many young children use, and swallow, too much toothpaste when they brush their teeth, according to a recent study at the Medical College of Georgia School of Dentistry.

"When it comes to children's toothpaste, more is not necessarily better," said Dr. Carole McKnight Hanes, Associate Professor of Pediatric Dentistry and co-author of the study with Dr. Steve Adair, Chairman of Pediatric Dentistry, and Dr. William Piscitelli, formerly a pediatric dentistry resident at the MCG School of Dentistry and now in private practice in West Virginia. The research was awarded by the American Academy of Pediatric Dentistry Educational Foundation in San Francisco in May.

"Our study focused on 50 preschool children who were asked on two separate occasions to brush their teeth with child and adult toothpaste," Dr. Hanes said. "They were also given cups of water so we could see whether or not they rinsed their mouths when they were finished."

The researchers weighed the equal-sized toothbrushes given to the children before they added toothpaste. They then weighed the toothbrushes after the children added toothpaste. In the first session, children were given adult toothpaste and asked to put on the amount they normally use on the toothbrush. During the second session, the children were given the same instructions except with a children's toothpaste with bubble gum flavor and colorful packaging.

The researchers compared the weight of the toothbrushes with the adult toothpaste and then with the children's toothpaste. They found that when using a children's toothpaste, the children were more likely to use more toothpaste than necessary.

"We also found that in more than 50 percent of the cases the child never spit out or used the cup of water that was provided to them, which means they didn't rinse," Dr. Hanes said. "Our results suggest that the marketing efforts of children's toothpaste manufacturers have maybe been a little too successful. They've done a good job of making toothpaste children will like. But now children may be swallowing too much of it."

Fluoride is an important weapon in fighting cavities, but too much of it can cause mild discoloration of developing teeth, a condition called fluorosis. "We are seeing an increase in fluorosis in children where the teeth take on a white, spotted appearance which may indicate excessive fluoride intake," Dr. Hanes said.

While this is not and oral health problem, it can be an important aesthetic issue for parents and children, she said, adding that fluoride has no detrimental effect on teeth already present in the mouth.

"Too much fluoride taken in while the permanent teeth are developing is problematic because this can cause white opaque areas on the permanent teeth," Dr. Hanes said. "Most of the country has fluoridated water, so many children don't need any additional fluoride intake. Families who use well water or who live in an area where the water supply is not fluoridated may be an exception. Your dentist can tell you whether or not your child is getting the right amount of fluoride."

The study also illuminated the need for parents to be involved in their child's toothbrushing. "Really, until the child is 6 or 7, the parents should be helping children brush their teeth," said Dr. Hanes. "Put a small, pea-sized amount of toothpaste on a soft-bristle toothbrush and brush your child's teeth really well every night. Start at the back and work your way around using a short, circular motion with the bristles at the gum line. After you have finished doing the inside and outside on the top and bottom, finish by brushing the actual chewing surfaces of the teeth. This method will help you make sure you get all the teeth."

Your child should always spit out the toothpaste when finished brushing and rinse well. ■

Dental School Researches Ulcer Toothpaste

Glenn Hudson

Research at the Medical College of Georgia School of Dentistry has proven that daily use of an experimental toothpaste can effectively treat aphthous ulcers, better known as canker sores.

Cankercure®, made by Jerome Milton Inc. of Chicago, was tested on 43 patients with recurrent aphthous ulcers, said Dr. Jerry Garnick, chairman of the Department of Periodontics at the MCG School of Dentistry and principal investigator of the study.

"Cankercure works like a normal toothpaste. The patient can use it every day to reduce plaque. But during an outbreak of ulcers, they put a little of the toothpaste directly on the ulcer and brush normally," Dr. Garnick said. "In patients using Cankercure, our research showed that the healing time for these ulcers was cut in half." These ulcers usually take about 10 to 14 days to heal without the help of medication.

An ulcer is a focal loss of the tissue lining of the oral cavity, said Dr. Bryan Whitaker, assistant professor of oral and maxillofacial pathology at the MCG School of Dentistry. These ulcers vary in size and usually appear as flat, yellow-to-red erosions with red borders. About 20 percent of the population suffers from recurring oral ulcers.

"Recent studies suggest that aphthous ulcers may be initiated when the white blood cells responsible for guarding against microbial disease attack the tissues lining the mouth," said Dr. Whitaker. These lesions can recur periodically throughout one's life.

The recurrence of an ulcer may be brought about by many factors. "Some people relate the recurrence of an ulcer to a specific event—for instance, significant stress, gastrointestinal problems and certain food allergies," he said. "It can be different for each individual, although stress seems to be the most common factor implicated in the development of recurrent ulcers."

The toothpaste will be sold over-the-counter, as opposed to traditional topical steroid treatments which are available by prescription only. ■

Research Means Hope for Peripheral Nerve Damage

Toni Baker

Manufactured growth factor can be used as a sort of nerve fertilizer to help transplanted peripheral nerves survive without causing rejection, a Medical College of Georgia neurobiologist has found.

The results could lead to peripheral nerve banks, much like today's bone and tissue banks, where doctors would go for tissue to help repair nerve damage caused by trauma, such as a crushing blow to the arm, or disease, such as diabetes.

In the laboratory, Dr. Adarsh K. Gulati has taken donor nerves, frozen and thawed them to destroy all cells, including supportive cells called Schwann cells, then transplanted what remains, which is the scaffolding of the nerve called the basal lamina tubes. He then treats the transplanted nerve with the manufactured growth factor that would normally be produced by Schwann cells.

"We want to see if we can come up with an ideal graft for peripheral nerve repair," Dr. Gulati said. "Acellular basal lamina grafts seem to offer a new grafting material for peripheral nerve repair because of reduced immune system response, especially if we can manipulate the growth ability by giving them outside nutrients."

Dr. Gulati's work on neuromuscular transplantation, funded by the National Institutes of Health, was published in the June issues of *Transplantation* and *The Anatomical Record.*

Dr. Adarsh K. Gulati

The body's peripheral nervous system includes everything but the brain and spinal cord and is responsible for many of the feelings and functions of extremities. Much like central nervous system injuries that can cause paralysis, peripheral nerve damage often is untreatable.

Problems with transplanting nerves from one person to another have been the same as transplanting organs, such as the heart: the body recognizes the tissue as foreign and tries to eliminate it, Dr. Gulati said. To avoid rejection, doctors may transplant a smaller, less-important nerve from one part of the body to another. But that approach reduces function at the donor site and the smaller nerve may not be adequate to restore full function at the injured site, he said.

The answer may be in using a similar-sized donor nerve with its supporting Schwann cells selectively removed and its hardy basal lamina tubes temporarily supported by growth-enhancing treatments.

Dr. Gulati's work identified the Schwann cells as the key culprits when it comes to rejection. He's also shown that shortly after transplantation, nearby Schwann cells move into the area and take over the job of making growth factor. ■

New President Relishes Campus Comradery

Christine Hurley Deriso

Dr. Carol Lapp says one of the nicest fringe benefits as President of the Medical College of Georgia School of Graduate Studies Alumni Association is the perspective the position provides.

The School of Graduate Studies, she explains, is in a unique position at MCG to link disparate elements. Many of those affiliated with the school have a connection to at least one other MCG school; all the faculty, for instance, have primary appointments in other schools, and many students are earning graduate degrees in fields such as nursing, dentistry or an allied health science. Medical students also can earn Ph.D.s, so the School of Graduate Studies has an overlap factor that provides a rather global view.

"We try to get members of the [alumni association] board from all different schools, and that's fun—to see how things are going elsewhere on campus," says Dr. Lapp, Assistant Professor of Oral Biology. She was named President of the association in July.

But the very diversity that the group represents is also something of a detriment, she concedes. Many School of Graduate Studies alumni are primarily loyal to another MCG school; those who earn master's degrees in nursing, for example, tend to identify more with the nursing school than the graduate school. Consequently, membership in the School of Graduate Studies Alumni Association isn't as strong as Dr. Lapp would like. Yet another challenge is the fact that graduate studies alumni are notoriously hard to track down.

"One of my major goals is to try to find more of our alumni," she says. "Because of the nature of our jobs, we don't have a very good way of staying in touch. When we do phonathons, we have a lot of outdated numbers."

The association plans to begin using rosters from professional societies to try to trace alumni. The group also wants to cultivate school identity and loyalty as early as possible.

"We want to do more for our students," she says. "We had our first mixer this year for entering graduate students. Graduate students tend to be scattered throughout campus, and we'd like to make it a little easier for them to get to know each other."

The association also presents two awards each year at Graduate Student Research Day and invites students to annual homecoming events, including a Distinguished Alumnus Lecture.

Dr. Lapp has been a member of the alumni association since she earned her Ph.D. in the Department of Endocrinology from MCG in 1985. She had earned a master's degree in zoology several years earlier from the University of Rhode Island, but took a break between degrees to raise children. Once she graduated and joined the MCG faculty, she understood firsthand the identity crisis some graduate student alumni experience.

"It's not easy finding a place where an endocrinologist fits into a dental school," she says.

But Dr. Lapp quickly carved a niche, pursuing a topic she finds intriguing: why pregnant women are particularly susceptible to gingivitis, or gum inflammation. Her research into the subject is continuing, with often interesting results. "I'm really interested in the interaction between the immune system and the endocrine system," she says. "What is it about being pregnant that makes you more susceptible to gingivitis?" Her research into the query is funded by the National Institute of Dental Research.

She suspects that the hormone,

progesterone, decelerates the response of the immune system to bacteria and other invaders of the mouth. The theory is bolstered, she says, by the fact that gingivitis also tends to flare during puberty —another period of high hormonal activity. "Something going on internally is turning the switch down."

In fact, many immune responses are weakened during pregnancy, which helps prevent the body from rejecting the fetus. But something obviously compensates for this deficit—otherwise, pregnant women would be perennially sick.

But the compensatory factor may not operate equally well in all cell tyhpes, specifically those from the mouth—the subject of Dr. Lapp's research. She hopes that a better understanding of pregnancy gingivitis might lead to a mouthwash or other localized treatment that can target the inflammation without harming the mother or fetus. In the meantime, she counsels women to be vigilant about dental hygiene during pregnancy and to have teeth professionally cleaned after the baby is born. ■

Dr. Kling Named Vice Chairman of Council

Dr. J. Malcolm Kling, Director of the Medical College of Georgia Office of Research Support Services, has been named Vice Chairman of the Council on Accreditation of the American Association for Accreditation of Laboratory Animal Care.

Dr. Kling, who also is Professor of Pharmacology and Toxicology and Associate Professor of Surgery, earned a veterinary degree from the University of Georgia, a master's degree in physiology and biochemistry from Auburn University and a doctorate in pharmacology from the University of Florida. He has authored several publications on animal diseases, pathology and toxic shock syndrome and is completing his seventh year as a member of the Council on Accreditation.

The American Association for Accreditation of Laboratory Animal Care, founded in 1965, promotes high standards of animal care and use, strives to improve laboratory animal well-being and enhances life sciences research through the accreditation process. The accreditation program is widely accepted and has more than 600 programs accredited worldwide. These include academic institutions and commercial, government and non-profit organizations. ■

Lost Alumni

Editor's Note: The Medical College of Georgia Office of Alumni Affairs has "lost" the following School of Graduate Studies alumni. We'd love to get back in touch. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Oral Biology
Eugene West, 1992

Biochemistry
Daniel Balkovetz, 1988
Eleanor Carlton, 1984
Chih Wei Chang, 1990
Lebe Chang, 1974
Graeme Chapman, 1973
Clara Chen, 1974
Yu Hsiang Chen, 1977
David Counts, 1973
Walter Edwards, 1967
Marilyn Grimes, 1979
In-Seob Han, 1988
Benjamin Hill Jr., 1988
Robert Jarrett, 1992
Cheryl McKenzie, 1971
Louis Mulligan, 1964
Syed Nasseruddin, 1991
Babu Padanilam, 1985
Hector Rocha, 1983
Qin Ryan, 1989
Robert Ryan, 1988
John Strickland, 1969
David Ying Lun Lai, 1977

Endocrinology
Michael Melner, 1980

Microbiology
Lynn Apelgren, 1977
Ju Fung Chen, 1971
Josephine Clark, 1974
Jennifer Crockett, 1972
Wilbur Jones, 1968
Hong Tien Lai, 1970
Elizabeth Lumpkin, 1967
Carol Metcalfe, 1964
Rhoda Reddick, 1968
Rebecca Cox, 1972
Mary Story, 1969
Shing Tung, 1966
Karol Williams, 1970
David Young, 1980

Pharmacology
Mary Owen, 1976
Joel Smith, 1981

Physiology
Robert Tcholakian, 1968

MHE*
Deborah Andrews, 1978
Kathy Bradley, 1980
Carla DeVaughn, 1985
Emily Frances Haltiwanger, 1980
Karen Horn, 1983
Yuh Jang, 1984
Catherine Koshman, 1981
Monica Mokonchu, 1982
Marcela Pinilla, 1989
Robinette Strutton (MHED), 1991
Emma Thomson, 1978

MS*
Elise Adrian, 1993
Dennis Akiyama, 1993
Gregory Austin, 1993
Cetin Aydar, 1965
Frank Chen, 1970
Xiaoyan Chen, 1992
Wilson Crandall, 1970
Ronald Easmann, 1983
Jonathan Dissin, 1973
Linda Dondero, 1968
William Dragolich, 1992
Samarendra Dutta, 1960
Hassan El-Kashef (MSDP), 1987
Arthur Ellison, 1963
Onree Fisher Jr., 1978
James Hazlett Jr., 1968
Paul Jackson, 1992
Eric Jankowski, 1993
Ronnie Jones, 1993
John Lapointe, 1971
Frederick Liewehr, 1993
Robert Lytle, 1970
Frances Martin, 1993
Raymond Meeks, 1980
Neyera Nicolas, 1977
Reuben Puebla, 1964
Michael Shahan, 1992
Petcharin Srivantanakul, 1971
Sidney Touial, 1966
Pablo Villegas, 1967
Jo Walker, 1972
Richard Walsh, 1971
W.B. Williams, 1971

Ph.D.*
Mark Andrews, 1989
Joseph Berdecia Rod, 1990
Kary Fincher, 1989
Huaiyu Hu, 1993
Charles Jackson, 1981
James Knudsen Jr., 1974
Thomas Mattio, 1981
Thomas Morgan, 1973
No Hee Park, 1978
Jaime Recasens, 1990
Richard Ward, 1977
Shiu Wong, 1975
Joseph Wood, 1992
Xiaohong Yang, 1993
Yu Zhu, 1990 ■

* Exact discipline unknown

Dr. Stachura Named to Telemedicine Post

Toni Baker

Dr. Max E. Stachura, endocrinologist and Professor of Medicine at the Medical College of Georgia, has been appointed Clinical Director of the MCG Telemedicine Center.

Dr. Jay Sanders, Director of the Telemedicine Center since October 1992, assumes the duties of President of the American Telemedicine Association in early 1996 and will leave MCG in June 1996. To ease the transition, Dr. Stachura also assumed the duties of Interim Director on Sept. 17.

"Dr. Sanders is assuming significant new duties as President of the American Telemedicine Association and has decided to devote his time to this and other new pursuits," Dr. Darrell G. Kirch, Dean of the MCG School of Medicine, said in announcing Dr. Stachura's appointment. "While his departure will be a loss for this institution, the internationally recognized telemedicine program here will continue to thrive because of the foundation he has helped build."

In the new position of Clinical Director, Dr. Stachura will be responsible for patient-care program development for the MCG Telemedicine Center as well as for the Georgia Statewide Telemedicine Program, a network of 59 telemedicine sites being established in hospitals, clinics and correctional facilities across the state.

"This is a key role in helping us move telemedicine from a concept to a tool that is an everyday part of our armamentarium in caring for patients around our state and beyond," Dr. Kirch said.

Dr. Max E. Stachura

Dr. Stachura is a 1965 graduate of Harvard Medical School who completed postgraduate training in internal medicine as well as a National Institutes of Health endocrinology fellowship at State University of New York at Buffalo. ■

Dr. Lesher Named Dermatology Chief

Dr. Jack L. Lesher Jr. ('81) has been named Professor and Chief of the Department of Medicine's Section of Dermatology.

Dr. Lesher completed his dermatology training at MCG, including a year as chief resident, before joining the faculty in 1985.

He is a fellow of the American Society for Dermatologic Surgery and the American Academy of Dermatology. He is a member of the American Board of Dermatology's Recertification Committee, recent Past President of the Augusta Dermatological Society and Vice President of the Richmond County Medical Society.

Dr. Lesher also has been appointed to a two-year term on the editorial board of the *Southern Medical Journal.*

The journal is a general medical publication of the Southern Medical Association featuring some 35 major articles monthly, many illustrated with photographs and drawings. In a peer-review process, articles are chosen from hundreds submitted and from the approximately 400 papers presented at the Annual Scientific Assembly. ■

Dr. Allen-Noble Named Associate Dean

Toni Baker

Dr. Rosie Allen-Noble, former Director of Health Career Programs at New Jersey's Montclair State College, is the new Associate Dean for Special Academic Programs at the Medical College of Georgia School of Medicine.

She has a joint appointment as Associate Professor in the MCG Department of Cell Biology and Anatomy.

Dr. Allen-Noble earned her undergraduate degree in biology from Georgia's Albany State College, a master's in zoology from Atlanta University and a master's in physiology and her doctorate in science education from Rutgers University.

She began her career as a high school biology teacher. After earning advanced degrees, she taught anatomy, physiology, embryology and histology to undergraduate and graduate students in New Jersey.

She has been awarded more than $7 million in grants for research in physiology and science education, including the study of Academic Support Programs for South African Blacks, designed to help blacks prepare for careers in science, engineering and medicine. Her studies in this area focused on the Universities of Cape Town and Witswatersrand.

She is a member of the American Association of Women in Science, the American Association for Higher Education, Women in Higher Education, the National Association of Science Teachers, the National Association of Advisors to the Health Professions, the National Association for Research in Science Teaching and is a board member of the National Association of Medical Minority Educators. ■

Internet Links Those with Neurological Problems

Toni Baker

People with neurological problems, such as seizures or migraine headaches, can now find others with similar problems on the information super highway.

"The goal is to allow them to meet other people with similar problems and discuss their problems with people who may have answers to their questions," said Dr. Michael H. Rivner, Medical College of Georgia neurologist, who has begun an international list server for people with any type of neurological problem.

Those with access to the Internet can simply send an electronic message to (n-pat@emgmhs.mcg.edu) with a message that says "subscribe n-pat." Dr. Rivner will add the person's electronic mail

address to the list server and send a confirmation. The patient then is part of this international exchange of information and experiences.

"A patient with a computer who wants a medical question answered can access this. This is the future. There's a need for this," said Dr. Rivner, who established the country's first list server for neurologists about two years ago. Today, about 200 neurologists in the United States as well as Belgium, Italy, Israel, Korea, the United Kingdom, Denmark and Canada, daily swap information and ideas about their specialty and patients. The fact that the neurologists' list server also generated inquiries from patients led Dr. Rivner to establish the patient list server; patient list servers already exist for other diseases and some of those were actually started by patients.

Dr. Rivner will monitor the conversation in the patient list server and may make comments from time to time, as other neurologists may, but this is really an avenue for patient communication, he said.

Meanwhile, longer-established list servers, such as the one for neurologists and another for neuropsychologists originated by Dr. David W. Loring, Director of the Adult Neuropsychology Service in the MCG Department of Neurology, are building steam.

Drs. Rivner and Loring also have established World Wide Web sites for their respective specialties. These sites store information for ready dissemination through text, pictures and sound. "I think eventually we are going to get to the point where we are going to be publishing articles this way. They'll eventually replace medical journals," Dr. Rivner said.

For example, Dr. Loring has posted MCG's protocols for Wada testing, which determines the side of the brain with dominant control of speech, in response to numerous inquiries from other institutions about how those studies are done here. More generic information also is included such as a listing of the country's neuropsychology training programs.

Doctors interested in the neurology list server can contact Dr. Rivner at (rivner@emgmhs.mcg.edu) or Dr. Loring for the neuropsychology list server at (loring@emgmhs.mcg.edu). ■

Researchers Probing Growth Failure

Toni Baker

One reason children with kidney disease don't grow well despite normal or even high blood levels of growth hormone may be abnormal activity in their bodies' target areas for growth, according to research at the Medical College of Georgia.

"Children with chronic kidney disease appear to have a resistance to the normal or sometimes elevated level of these growth hormones in the blood," said Dr. James D. Hanna, pediatric nephrologist at the MCG Children's Medical Center.

In the laboratory, Dr. Hanna has studied growth plates, found in junctures such as the knees, arms and wrists, where cartilage gradually becomes sturdy bone so children can grow.

And what he and his collaborators have found is not what they expected.

"We found that the zone of youngest cells in the growth plate, the area you would expect to respond to growth factors, did not increase in size. Rather, the more mature cell layer, that you wouldn't necessarily expect to respond to the growth factor, was bigger," Dr. Hanna said of findings recently published in the journal *Kidney International*. In fact, the younger cell layer was the same size in the treated and untreated animal models of kidney disease.

These observations may explain why normal levels of growth hormone—or even high levels created by giving children growth hormone treatments—do not necessarily mean children with kidney disease reach their normal growth potential. "Growth hormone treatment produces rapid growth in the first year, it levels off in the second, third and plus years, but they still continue to grow," Dr. Hanna said. The findings also support close observation during growth hormone treatment because the long-term effects on the growth plate are not known.

Children born with malformed kidneys, those who are seriously ill as newborns and those with recurrent kidney infections are at the greatest risk of developing chronic kidney disease. Their problems may first surface as abnormal blood or protein in a urinalysis. One of the many complications associated with this disease in children is that growth may be stunted by many inches and probably for many reasons. Typically these children don't feel well, so they don't eat well, which contributes to slow growth; in fact children suffering from malnutrition, independent of other diseases, often have diminished growth. Also, acid levels can rise because their kidneys aren't efficiently eliminating all the byproducts of metabolizing what they do eat. Another factor may be the child's reduced ability to form vitamin D, which helps absorb calcium in the intestine and interacts with other chemicals and hormones to form normal bone.

"This area remains a real concern for pediatric nephrologists in that one cannot bank growth," Dr. Hanna said. "Once growth is lost, the potential to recover it as catch-up growth is limited and the ultimate height of a child with chronic kidney disease is often below that of the normal adult or adolescent population."

The best option for these children likely would be a kidney transplant before age 5 since the largest impairment in growth is before that age. However the availability of donor kidneys for that age group is limited, organ procurement officials say.

Natural growth is a complex system that begins in the brain with the release of chemical messages and hormones, such as growth hormone, by the pituitary gland into the bloodstream. These travel to tissue where growth hormone stimulates production of messengers such as insulin-like growth factor-1 (IGF-1) in target tissues such as the liver and growth plates of the bones. This message must then be turned into a protein to interact with cells and initiate complex events which result in growth. The distribution of these proteins, such IGF-1, is dependent on six binding proteins which determine their delivery to cells such as cartilage cells so they can mature, calcify and become bone.

"Essentially what we are trying to examine is the question, 'Can we explain growth failure in children with kidney disease by an imbalance in the growth factor system?'" he said.

Dr. Hanna has studied the gene expression of IGF-1 in the growth plate of laboratory animals with normal kidney function as well as those with kidney disease, both treated and untreated with supplemental growth hormone.

In addition to the surprising finding that the more mature cells are most affected by growth hormone, he and research assistant Kevin Lei also found some things they would expect. These include wider growth plates as well as increased levels of messages for the IGF-1 protein and more widespread distribution of growth-promoting IGF-1 protein in the growth plates of treated animals.

To further validate the application of his studies to children, he's now using younger rats. " We are going to be looking at the gene expression of insulin-like growth factor binding proteins next. It's a logical extension." ■

Nursing

Nursing School Unveils Simulation Lab

Christine Hurley Deriso

A new Medical College of Georgia School of Nursing laboratory will enable students to practice anesthesia procedures on a lifelike, computer-operated mannequin.

The lab is one of 19 in the world and the only one in a nursing anesthesia program, according to Dr. Fred Lupien, Coordinator of the MCG School of Nursing Anesthesia Program. The master's-level program, which began this fall, teaches the skills needed to control pain and maintain normal physiological processes such as respiration and blood pressure, particularly during and after surgery. Six students are enrolled in the program.

The approximately $250,000 lab, featuring a mannequin developed by Loral Data Systems in conjunction with the University of Florida, was funded by the state of Georgia and a grant from the U.S. Department of Health and Human Services. "The program was funded based on the need to maintain high-quality anesthesia care for all Georgians, particularly those in [medically underserved] rural areas," Dr. Lupien said.

The mannequin, designed as an average-sized adult, breathes, has a pulse and responds to medication via computer control. "The mannequin will react in the exact same way that a human would," Dr. Lupien said. "We can also program the computer to simulate different diseases and levels of drug sensitivity."

The lab is used to teach both basic anesthesia education and anesthesia crisis management. "For instance, probably every anesthesia practitioner will eventually come across a patient with a ruptured aorta," Dr. Lupien said. "But it's rare, and if you see it only once every 10 years, it's hard to become skilled at treating it. But now we can simulate that event so that an individual can train for it. We have to be prepared to deal with life-threatening crises that we may never actually see [in a real patient]."

But the lab's most vital function is to help students become comfortable performing procedures that will be routine once they begin their practices, he said. "The bottom line of the way anesthesia has been taught is that a student had to translate what was learned in a classroom to a real patient in an operating room. The simulator gives us a step in between. Now, students can practice all these maneuvers, plus do them in real time."

The program has an ongoing relationship with Loral Data Systems, the Florida-based manufacturer of the equipment. "[The lab] is still evolving," Dr. Lupien said. "We talk to Loral about how it's going and make suggestions for improvements."

MCG students will begin using the lab this month, and Dr. Lupien anticipates broadened applications as he and the two other faculty members in the nursing anesthesia program become more comfortable with it. "I would anticipate that as we get more familiar with it, we will expand the number of individuals who have access to it. We also want to host seminars for practitioners. This is not something to tuck away in a corner and put a padlock on." ■

Dr. Fred Lupien in lab

Dr. Killeen Inducted Into American Academy of Nursing

Dr. Maureen Reed Killeen, Associate Professor in the Medical College of Georgia Department of Mental Health Psychiatric Nursing, has been inducted into the American Academy of Nursing.

Dr. Killeen, who teaches at the MCG School of Nursing's Athens campus, earned a bachelor's degree in nursing from D'Youville College in Buffalo, N.Y., a master's degree in psychiatric-mental health nursing from Emory University in Atlanta and a Ph.D. in child and family development from the University of Georgia in Athens.

She joined the MCG nursing faculty in 1974 as an instructor. She was named Assistant Professor in 1977 and Associate Professor in 1988. She also is a fellow of the University of Georgia Institute for Behavioral Research's Center for Family Research.

Dr. Killeen is a member of the editorial board of the *Journal of Child and Adolescent Psychiatric Nursing*. She is a member of Sigma Theta Tau National Honor Society, the American Nurses' Association and the Society for Research in Child Development. ■

Ms. Sibley Named to Council Post

Debbie Sibley, Obstetrics Outreach Educator for the Medical College of Georgia Maternal and Infant Care Program, has been elected Vice Chairman of the Georgia Council on Maternal and Infant Health.

Miss Sibley will serve two years as Vice Chairman before becoming Chairman of the 17-member council which serves as an advisory panel to Georgia's Governor and to the Department of Human Resources on issues related to the health of mothers and babies. She was appointed to the council by Gov. Zell Miller in May 1994.

Miss Sibley earned her undergraduate and master's degrees in nursing from the MCG School of Nursing. ■

Debbie Sibley

...continued from page 10

10:30 a.m., Old Medical College Solarium.

- School of Medicine Alumni Association Emeritus Club luncheon, 11:30 a.m., Old Medical College Ballroom. The club is open to alumni, residents and interns who graduated from MCG 40 or more years ago, and to retired faculty who are members of the School of Medicine Alumni Association. The Class of 1956 and other eligible individuals will be inducted into the Emeritus Club during the luncheon. ■

Class Notes

School of Allied Health Sciences

Bill Lindsey (respiratory therapy, '88) graduated from Mercer University June 9, 1995 with a master of science in health care administration degree. His son, William Ryan Lindsey, was born July 21, 1995, and weighed 7 lbs. and 12 ozs.

Teresa (Dill) Mills (health information management, '89) is quality resource manager at Augusta Regional Medical Center. She married Aug. 19, 1995.

School of Medicine

Dr. Gilbert Maulsby ('67), Columbus, Ga., has been named a Fellow of the American College of Radiology. He practices at Medical Center of Columbus, St. Francis Hospital, Hughston Sports Medicine Hospital and Doctors Hospital of Columbus. His fellowship, announced during the ACR annual meeting Sept. 9-13 in Boston, honors his contributions to the field of radiology. He was one of 130 new Fellows named by the college's Board of Chancellors.

Dr. Donald E. Baxter ('69), Houston, was named President of the American Orthopaedic Foot and Ankle Society at its 11th annual summer meeting in Vail, Colo. Dr. Baxter is affiliated with Columbia-HCA Rosewood Hospital and Medical Center Hospital and is a member of the orthopaedic practice of Baxter, Clanton and Winston in Houston.

Dr. Alfred O. Colquitt III ('69) has been named President of the Atlanta Orthopaedic Society.

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
Glenn Hudson
Design Travis Tom
Photography Phil Jones

Dr. Jo Marie Lyons ('76), Marietta, successfully completed a pathology residency at Emory University in 1990 and is board certified in anatomic pathology. She is Assistant Professor of Pathology via Emory University School of Medicine with a primary assignment at Grady Memorial Hospital. She was originally trained and board certified in neurology and was in private practice for years before retraining.

Dr. Christopher Cates ('82) of the Atlanta Cardiology Group helped perform the first carotid artery stent procedure in Georgia Sept. 26 at St. Joseph's Hospital in Atlanta.

Dr. Frank Saucier ('85) and Elayne Tipton Saucier (B.S., P.T., '83) live and practice in Tianjin, China. They have four children: Stephen, 7; Christy, 5; Michelle, 2; and Zachary, 3 months.

Dr. Warren E. Morgan ('88), Houston, recently completed a fellowship in pediatric otolaryngology at Texas Children's Hospital in Houston. He will enter private practice in Houston with Northwest Ear, Nose & Throat Associates, P.A.

Dr. William C. Boswell Jr. ('90) has completed his general surgery residency at Memorial Medical Center in Savannah. He will continue training at Northwestern University Children's Hospital in Chicago as a pediatric surgery fellow.

Obituaries

Dr. Joseph L. Mulherin Sr. ('44), Augusta, died Oct. 14. Dr. Mulherin, a member of the Alpha Omega Alpha Honorary Medical Society, was past Chief of Staff at St. Joseph Hospital, past Clinical Assistant Professor of Surgery at MCG and past President of the Richmond County Medical Society.

Dr. Redden L. Parramore Jr. ('58), Charleston, S.C., died Aug. 2.

Deadline for submitting information for publication in the spring issue of Alumnews is Feb. 2, 1996

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

School of Nursing

Donna Adcock Knighten ('70), Mount Berry, Ga., is Director of Marketing for Floyd Medical Center and has completed a master of business administration degree at Berry College. Her major area of study was general business.

Candace Waters ('77), Beech Island, S.C., is a certified family nurse practitioner through the ANA and works at the Margaret Weston Health Center in Clearwater, S.C.

The St Paul
Medical Services

Before Starting Your Practice, Consult A Specialist

As you begin your practice, look to St. Paul Medical Services for your medical liability insurance. With more than 60 years of specialized experience, we are the nation's leading medical liability insurer.

St. Paul Medical Services. Specialists in medical liability insurance.

For details, call Cheryl Schroeder at 800.328.2189, ext. 3573.

St. Paul Medical Services
385 Washington Street
St. Paul, Minnesota 55102-1396

St. Paul Fire and Marine Insurance Company

EXPERIENCE THE STERLING ADVANTAGE...

EMERGENCY MEDICINE OPPORTUNITIES

GEORGIA

Newnan, Winder, Brunswick, St. Marys

* Excellent compensation packages
* Paid Malpractice with extended coverage
* Discounted disability coverage (30% off premiums)
* Continuing Medical Education (tuition-free)
* NO RESTRICTIVE COVENANTS

Please contact Donna Gutalj at 800-874-4053
(INQUIRE ABOUT OUR REFERRAL BONUS AND ADDITIONAL NATIONAL OPPORTUNITIES)

STERLING HEALTHCARE GROUP

One-To-One Rehabilitation

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Sports Medicine
- Industrial Rehabilitation

706-860-8585 1-800-213-8585

Lakeview
REHABILITATION CENTER
409-A Pleasant Home Rd., Augusta, GA 30907

Atlanta Dental Supply Company

EASY REFERENCE CATALOG

EASY
CONVENIENT
24 HOUR
ORDERING

"One Button Ordering System"

For More Information, Please Call:
800-241-3743 (Atlanta) • 800-278-9202 (Birmingham)

CLEARING THE air

As 13-year-old Drew Etterle gets ready for school each morning, he takes an extra minute or two to jot down a few details about his life. The details might seem mundane, but they're actually far from it. For Drew, a teen-ager from Augusta, his journal could affect the very breath he takes.

When Drew was 5, he was diagnosed with asthma, a chronic disorder that inhibits breathing—sometimes fatally. As a Medical College of Georgia Children's Medical Center patient and participant in an MCG research project, Drew, in addition to taking daily medication, records details about his condition, including his daily lung function measurements and how much medication he needs to breathe easily. This information will allow researchers to look at how changes they make in his home, in conjunction with Drew and his parents, may improve his condition.

"Asthma is the most common chronic illness in children, and 10 to 12 percent suffer enough to seek medical attention," said Dr. Randy Baker, Assistant Professor in the MCG Departments of Respiratory Therapy and Anesthesiology and principal investigator of the multidisciplinary study seeking ways to ease the condition for children such as Drew. "Every attack has the potential to be life-threatening if not properly managed, which is why it is so important to try to prevent attacks from occurring." Asthma is the leading reason children miss school and causes many parents to lose days at work.

MCG faculty in respiratory therapy, allergy/immunology and community nursing are studying the most common type of asthma, atopic asthma, an allergic reaction to certain substances by the child's airways. Allergic reactions are often caused by exposure to substances commonly found in the home, including dust mites, fungi, pollens, cockroaches and dander from the fur of household animals, especially cats. Researchers hope that by reducing allergen levels in the home, they can improve long-term management of pediatric asthma. They also are working with family nurse practitioner students to develop an educational program for both the children and their parents.

Currently, the study is following the families of 43 children with asthma who are being treated at the MCG Asthma Center. Dr. Ned Rupp, an MCG pediatric asthma specialist and co-investigator of the study, supervises the medical treatment of all the children in the study. Approximately half of the families receive home treatments through the project; the other half serve as a control group. After the first year, the control group families also will receive home treatment, allowing a before-and-after comparison, according to Dr. Baker.

Home treatments consist of collecting dust and air samples to test for concentrations of dust mites, molds and fungi, and looking for indications of cockroaches. Researchers also look for signs of excess moisture, which can allow dust mites and molds to grow more quickly.

Team members then treat the homes for dust mites, arrange for an exterminator to treat the house, if needed, and help the parents make a variety of other changes to reduce levels of allergens in the home. The study provides mattress and pillow covers for the child's bed, and makes recommendations such as removing stuffed animals and all plants from the child's room, using only valances on windows to reduce dust in the room, washing sheets weekly in hot water to help control dust mites and keeping any family pets outside, or at least out of the child's room.

"These children are allergic to things that are found in the air in many houses, no matter how clean they are," said Dr. Shelley Mishoe, Chairman of the Department of Respiratory Therapy and co-investigator of the study. "You can't tell if these allergens are present in the house just by looking or judging by dust levels or general cleanliness. Dust mites are tiny creatures that often live in upholstered furniture, rugs, mattresses and so on, and are much too small to be seen with the naked eye. Spores from fungi such as molds can often be found in the air, especially if the house has any excess moisture.

"If we can reduce the child's contact with these allergens, perhaps we can reduce the levels of antibodies to them in the blood, and lower the inflammation in the airways that helps trigger attacks," Dr. Mishoe said. "It may be possible to reduce the number of asthma attacks they have, and perhaps to reduce the amount of medication they need, as well."

Drew's family joined the study in July. In addition to his daily records of medication and lung function, he and his mother filled out several questionnaires on topics such as how often his disease prevents him from doing things he wants to do, how often his asthma requires unscheduled professional treatment and how often it causes the family to change their plans. In October, team members treated his house and asked more questions, as they will do every three months during the study.

"We decided to join the study after Dr. Rupp told us about it," said Patty Etterle, Drew's mother. "We're coming into it from the point of view that we want to learn more about what Drew is going through, to learn more about the disease, and about things that we can to do make a difference for him. If there are changes that we can make in his environment that will make a difference for him, I want to be able to learn about them and make them, to help him deal

Dr. Randy Baker measures lung function of asthma patient.

with his asthma better."

Like most teen-agers, Drew has better things to do than talk about his asthma. Between his saxophone lesson and heading outside to ride his bike, he took a few minutes recently to answer the researchers' questions, but then he was off to more important pursuits. But then again, coping with asthma is a normal way of life for him, just like school, homework or baseball.

"We try not to let Drew's asthma interfere with activities he wants to participate in," said Mrs. Etterle. "We just remember to take his medicine with him when he's going to do something that might trigger an attack, such as a long bike ride or baseball practice. If he knows he's going to do something that is likely to bother his asthma, he usually takes a puff on his inhaler before he goes. It is something that both Drew and I have to keep in mind, though, to avoid what could otherwise become a more serious situation."

The changes the Etterles have made to help Drew with his asthma aren't immediately noticeable at a glance around the cozy home. But for Drew, easy, low-tech changes such as impermeable mattress and pillow covers, washing sheets in hot water every week and bedroom curtains that can be washed in hot water help make a difference in every breath he takes.

"We try to make changes that will help him," Ms. Etterle said. "For example, Drew and his brother have chores to do around the house. But Drew doesn't vacuum, since it can aggravate his asthma; he does something else instead."

Currently, Drew requires daily prescription medication to control his asthma, which he gives himself through an inhaler. He often also takes decongestants and antihistamines, to help control other allergy symptoms that can further complicate asthma.

Researchers will use Drew's daily chart of his lung function as one way to measure any improvement after treating his home. They also are using more detailed lung tests which are administered during his visits to the Asthma Center, and plan to use blood tests to look for a possible reduction of antibodies in the blood.

"We know that by treating the homes, we can measure noticeable reductions in the allergen levels; we are already seeing that," Dr. Baker said. "It will take a little longer to determine whether by reducing these levels we are also able to reduce the body's response to the allergens. The body's response will take three to six months to determine, because it takes time to adjust to the changing conditions."

The families' questionnaires are used to measure how the children's and care-givers' quality of life is affected by the asthma and the care-givers' general level of knowledge about the disease. The questionnaires also ask about unscheduled physician visits, emergency room visits and hospitalizations caused by the child's asthma.

Although Drew's asthma is so well-controlled that he has never required hospitalization, children with

more severe asthma aren't so lucky. Eight-year-old Charles Stephens has been hospitalized in intensive care units more than 60 times in his young life, according to his mother, Kim.

"Charles has been taking medications his whole life," she said. "He was diagnosed with asthma when he was about 6 months old, but he was having trouble breathing from the time he was only a few weeks old." Charles takes prescription drugs through an nebulizer machine four times a day and from a prescription inhaler several times a day, as well as several oral medications. He has two machines for his medicine, one at home and another at school. He also takes allergy shots, designed to help make his body less sensitive to allergens.

"All his friends just know that he has to have the machine to take his medicine," Mrs. Stephens explained. "It's just a part of his life. If he goes to spend the night with a friend, his machine comes, too.

"We try not to let it interfere with things he wants to do. He loves to go outside and play hard with his friends, to play basketball and all those kinds of things. We just know that he has to bring his inhaler with him."

Although the Stephenses made many changes in their home, Charles still requires his many medications and has an average of one controllable asthma attack a day. However, in the last year, he has been hospitalized only once, a dramatic improvement compared to the eight to 14 times a year he used to wind up in the hospital.

Both the Stephenses and Etterles concur that asthma is a family affair.

"It's important to take a look at how the disease is affecting both the child and the parent," Dr. Baker said. "Does it stop the child from doing things he wants to do? Does the family have to change plans because of asthma? Do the child's parents know enough about the disease to help minimize attacks? All these issues are also vital in treating the disease." He hopes that, as the study progresses, this information will help researchers develop educational programs for both children and their parents.

"The better informed the children and their parents are, the better equipped they are to work with their physicians to manage their disease," Dr. Baker said. "We hope that, through the information we are able to gather in this study, we will be able to make a difference in the long-term management of this disease in children."

—INGRID HEGGOY

100% NO LOAD

THE TOP-RATED TAX-FREE HIGH-YIELD FUND

#1 *Lipper (10 years)*

★★★★★ *Morningstar, 9/95*

T. Rowe Price Tax-Free High Yield Fund has made a name for itself as the **#1** ranked fund out of 9 in the Lipper High-Yield Municipal Fund Category for the 10-year period ended 9/30/95.* It has also earned a **five-star** (★★★★★) rating for its overall risk-adjusted performance** from Morningstar, which reported: *"This fund's excellent risk/reward profile has given it a five-star rating every month since its first rating in 1988—a stellar record that very few funds can boast."* The fund was rated against 721, 486, and 167 municipal funds for the 3-, 5-, and 10-year periods ended 9/30/95, respectively. Ten percent of funds in an investment category receive five stars.

The fund invests in a portfolio of long-term, medium-to-lower-quality "junk" municipal bonds, diversified across issuers, credit ratings, and geographic areas. They offer investors high current income *free of federal taxes*†—you keep more of what you earn. While these securities entail greater risk, our analysis, credit research, and active management help reduce, but not eliminate, that risk. Of course, yields and share prices will vary as interest rates change. $2,500 minimum. **No sales charges.**

Call 24 hours for a free report and prospectus

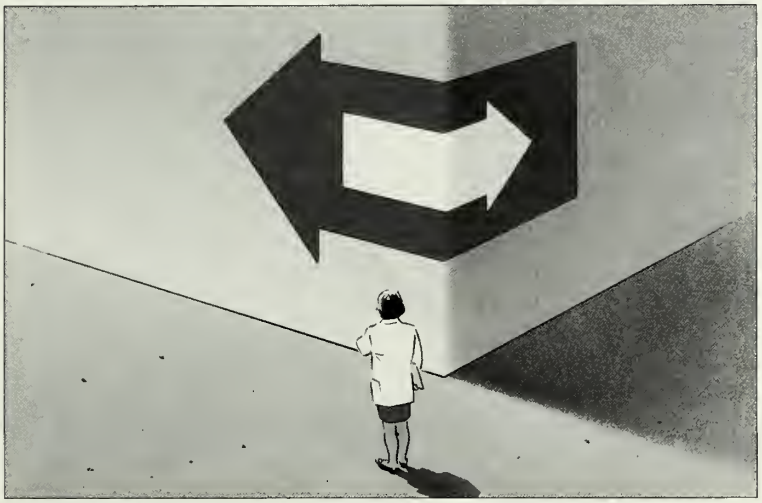
1-800-541-8312

Invest With Confidence®

T.RowePrice

*According to Lipper Analytical Services, Inc., which ranked the T. Rowe Price Tax-Free High Yield Fund #1 out of 9, #5 out of 20, and #11 out of 36 funds based on the total returns for the 10-year, 5-year, and 1-year periods ended 9/30/95. 10.3%, 8.8%, and 9.9% are the 1-, 5-, and 10-year average annual total returns, respectively, for the Tax-Free High Yield Fund for the periods ended 9/30/95. 9.7%, 8.0%, and 8.9% are the 1-, 5-, and 10-year average annual total returns, respectively, for the Lipper Average of the High-Yield Municipal Fund Category for the periods ended 9/30/95. Past performance cannot guarantee future results. Figures include changes in principal value, reinvested dividends, and capital gain distributions. Investment return and principal value will vary, and shares may be worth more or less at redemption than at original purchase. **The Morningstar statement is based on its proprietary rating system. Morningstar proprietary ratings reflect historical risk-adjusted performance as of 9/30/95. These ratings may change monthly. Ratings are calculated from the fund's 3-, 5-, and 10-year average annual returns in excess of 90-day Treasury bill returns with appropriate fee adjustments and a risk factor that reflects the fund's performance below 90-day Treasury bill returns. The fund's 3-, 5-, and 10-year ratings were 5 stars. Past performance cannot guarantee future results. There is no guarantee that this fund will achieve its objective. †Some income may be subject to state and local taxes and the federal alternative minimum tax. Request a prospectus with more complete information, including management fees and other charges and expenses. Read it carefully before you invest or send money. T. Rowe Price Investment Services, Inc., Distributor. TFH028633

No Matter Which Way Managed Care Takes You,



We'll Be There With You.

As managed care takes medicine in new directions, MAG Mutual, too, is expanding, adapting and evolving. Our fundamental principles, however, are the same ones you've come to trust over the last decade. In today's uncertain environment, we continue to protect physicians and hospitals through claims defense, risk management, and tort reform advocacy. For more information, call 404-842-5600 or 800-282-4882. No one is more uniquely qualified than MAG Mutual to protect you and the medical community during these changing times.

MAG Mutual Insurance Company

A Partner That Works For You

AIM HIGH

CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead • Dedicated, professional staff
- Quality lifestyle, quality practice
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Call

USAF HEALTH PROFESSIONS

TOLL FREE 1-800-423-USAF

AIR FORCE

Begin your new life together in a setting offering the best of yesterday and today. The beautiful and historic Old Medical College, on Telfair Street in the heart of Augusta, offers the perfect atmosphere for celebrating your wedding. The main ballroom, with beautiful hardwood floors, columns and a view through to the building's dome, will comfortably hold up to 300 guests. The adjacent solarium, with its elegant stairway, brickwork and ironwork, is ample for groups up to 100. The building offers a complete modern kitchen and ample parking is nearby.

Discover the perfect place to begin your new traditions together. Discover the Old Medical College... Augusta's best-kept secret for your most special day.

598 Telfair Street
Augusta, Georgia
(706) 721–7238

TEAM PLAYER

Throughout the year, the city of Orlando, Fla., has someone it can count on when it comes to getting the job done. His name is Dr. Bruce Gordy, a man many consider Orlando's most valuable dentist.

As a dental consultant to a professional basketball, baseball and hockey team, organizer of a dental clinic for the homeless and Orlando City Council Commissioner, Dr. Gordy is involved in the community on many levels. Add to that a successful private practice and you have a very busy schedule.

"The biggest challenge is you don't know what you might be dealing with from day to day," said Dr. Gordy, a 1975 graduate of the Medical College of Georgia School of Dentistry. "I enjoy being involved and affecting my community. I really get a feel for the pulse of the city."

His love for athletics goes back to his days playing basketball on a scholarship at Mercer University in Macon, Ga. Dr. Gordy graduated from Mercer in 1972. After a stint in the military, which included playing for the Air Force basketball team in Europe, he returned to the States and joined the faculty at the University of Florida in the

Dr. Bruce Gordy fitting 7'1" NBA star Shaquille O'Neal with acrylic fangs for a "Shaqula" video.

Photograph by Judy Watson Tracy

Anthony Mason of the New York Knicks, in Orlando as a guest at the Charles Barkley Celebrity Golf Classic, assists at the Healthcare for the Homeless dental clinic.

Department of Operative Dentistry. He remained on the faculty part time until 1988.

The move to Orlando was a homecoming of sorts for the Gordy family. Dr. Gordy's wife, Susu, grew up there. They now have four children: Chance, 17; Hunter, 14; Caroline, 11; and Maggie, 10. Once the Gordy family got settled in Orlando, getting involved in the community was only a matter of time.

Pat Williams, the first general manager of the Orlando Magic expansion professional basketball team, happened to choose Dr. Gordy as a dentist. Mr. Williams' basketball team needed a dentist, and he asked Dr. Gordy to do the job.

"As a dental consultant for the Orlando Magic, I handle routine dentistry for the players, staff and their families," said Dr. Gordy, who is on the sidelines during the team's home games. "What I do at games is handle trauma for both the home and visiting teams.

"In the event of an injury, I do a quick exam and check for a broken jaw," said Dr. Gordy, who has an oral surgeon on call for serious injuries. "If it is just a cut in the mouth I sew it up in the locker room. If the player can play with the pain, then I usually take care of the problem after the game. If it is a major procedure, then we do it in my office."

But his work with the team goes beyond taking care of injuries and routine dentistry. Sometimes it involves special aesthetic procedures. "One time I made a gold superman emblem for Shaquille O'Neal's front tooth for a commercial that he was doing," said Dr. Gordy, who also made the Magic's 7-foot superstar center a pair of fangs for a music video. "Marketing and promotion is a big part of many famous athletes' work schedule, so bonding and porcelain veneers are real popular with the players. Also, I make all the players a custom mouthpiece to protect their teeth, although they don't always wear it like they're supposed to."

His work with the Orlando Magic has led to jobs with other athletic organizations as well. He is now dental consultant for Orlando's professional minor league hockey team, the Solar Bears, and was Regional Dental Coordinator for World Cup and Olympic soccer teams. He also works with the Chicago Cubs' minor league baseball team in Orlando.

"When a player gets hurt, all [he wants] to do is get back in the game," Dr. Gordy said about the pressure to keep high-paid athletes healthy and available to their teams. "Sometimes the job is really tough. In the first hockey game I worked for the Orlando Solar Bears, there were a couple of dental injuries right away."

One thing is for sure: he sees a side to these superstars that fans don't usually get a chance to see. "I am in complete control when the 7-footers are in my dental chair. They're just like everybody else," he said. "Even they get a little scared when they have to go to the dentist.

"It is important that they feel comfortable when they come to see me, though," he said. "I have a special relationship with these players that has been built through trust year after year. I have the opportunity to talk with them and sometimes get them involved in the community or with a charity.

"I take care of a lot of these guys' moms, and when you do that, then you're OK in their book," Dr. Gordy said. "When they're in my office, they don't have to hide or be worried about giving autographs. They can just be themselves."

Yet another segment of Orlando's population benefits from Dr. Gordy's skilled hands, as well: the homeless. "We've begun a unique service for the homeless through charitable donations, many from local athletes, to provide the necessary dental care to the needy in our community," he said. "We have a fully funded, two-chair office with a full-time dental hygienist which has been in operation for two years.

"We also have a mobile clinic van that goes out into the community to serve those who aren't close to the shelter," he said. "Several of the local dentists serve as volunteers in the clinic to provide this very important service. We've even been approached by other cities wanting advice on how they can start similar services in their own community."

As City Commissioner, Dr. Gordy also helps make the big decisions that affect the entire city of Orlando. "That takes a lot of time out of the office, which is a plus and a minus," Dr. Gordy said. "It's a plus because of the recognition, which can bring you patients. But if you're out of the office at meetings, it is hard to serve your patients when they need you."

But there is no question that in the end, the juggling act is definitely worthwhile, he said. "The key to success is to put something back into the community. If more people were doing that, then our whole country would be better off." ■

—GLENN HUDSON

Do I Need a Will?

Court records show that each year, thousands of persons die "intestate," or without a will. Many of those who do leave a will leave one that is many years old and not responsive to tax law changes or family needs and requirements.

Check yourself on these assumptions:

- Only people with large estates need wills. ☐ True ☐ False
- Once executed, a will cannot be changed. ☐ True ☐ False
- All beneficiaries with the same relationship to you (i.e., each child, each niece, each nephew, etc.) must be treated equally in your will. ☐ True ☐ False
- Life insurance proceeds are excluded from federal estate tax. ☐ True ☐ False
- If you move to another state, it is unnecessary to have your will reviewed by a lawyer in that state. ☐ True ☐ False
- You can change your old will by crossing out words, or writing in the margin, then initialing the changes. ☐ True ☐ False

If you thought any or all of these statements were true, you are like most people, who assume they know the law and how their property would be distributed if they leave no will or an old one. But you should know, if you want to take the wisest path to protecting your assets, that all these statements are false. Get advice from a qualified attorney about the laws in your state to be sure your assets are protected.

Reasons People Commonly Give for Not Having a Will

- **My estate is too small to require a will.**

Many people shrug off making a will because their holdings are modest. Actually, we all own more than we think we do. Sit down and make a rough inventory of your assets at today's values (not your cost).

List your home(s), automobiles, life insurance, retirement benefits, business assets, stocks, bonds, money market funds, all bank accounts, furniture, antiques, heirlooms, jewelry, cameras, boats, motors and other property such as a summer cottage.

You have found your estate larger than you thought, haven't you? All those assets you've worked so hard for deserve to have the protection of a good will that is kept up-to-date.

- **It costs too much to make a will.**

What you save now might cost you a lot more in the future—when you might not be around to correct it. Attorneys, like all professionals, charge for their skills, but if you exercise care in selecting an experienced attorney, he may save you (in taxes alone) many times the fees you pay.

In many situations, proper drafting of your will not only recaptures the attorney's fees, but also actually saves thousands of dollars for your beneficiaries.

The Benefits of a Will

There are many benefits of a well-drawn will. It is like a good suit of clothes, tailored to your exact specifications.

You can give certain items of personal and real property to loved ones—and name alternate beneficiaries, perhaps charitable institutions such as ours, if your loved ones do not survive you.

You can give the residue of your estate all to one person or institution, divide it among several beneficiaries or place it in trust for the benefit of someone such as your spouse.

You can designate the individual or trust company you want to settle your estate (known as the executor or personal representative).

You can grant specific powers to your executor (and also to the trustee, if you have created any trusts) to conserve and manage your estate under all foreseeable circumstances.

If you have minor children, you can name a guardian for them in case neither you nor your spouse survives.

Your will can be written to maximize estate tax savings. The plan may be accomplished by creating one or more trusts under your will.

Benefit Both a Spouse and a Charitable Institution

Perhaps you would like to create a trust for the benefit of your spouse (or other individual) for life, then have the balance go to a charitable institution. There are important federal estate tax benefits for these kinds of trusts, known as charitable remainder annuity trusts or charitable remainder unitrusts.

Part of the asset value given to the trust avoids tax exposure in your estate due to the charitable deduction. If your spouse is the life beneficiary, then the entire asset value passes tax-free, due to the combined charitable and marital deductions (if both spouses are U.S. citizens).

An Important Privilege

Your will is a valuable property right that should be exercised. It can help provide for the future security and happiness of those people and institutions you care about most.

We strongly urge you to make a will now and have a competent attorney draft it. We would like to share in formulating your plans and to answer your questions about the advantages in making charitable gifts. Please give us a call at 1-800-869-1113, or write to:

Bruce Howerton
Director of Planned Giving
Medical College of Georgia
FI-1000
Augusta, Georgia 30912-7700

Georgia on your mind?

Come live in its most beautiful city

Memorial Medical Center is the heart of Savannah's health care community. It is the tertiary level referral center for southeast Georgia and southern South Carolina. Our 530-bed teaching hospital is the only Level I Trauma Center in the region, and offers a wide range of specialized programs through the Memorial Neurosensory Institutes, the Memorial Rehabilitation Center including the new EASY STREET® program, a new Family Practice Center, Memorial Clark Center's new adolescent psych and substance abuse unit, and the rapidly growing Memorial Home Care services.

Current available positions include:

- Occupational Therapists
- Pharmacists
- Physical Therapists
- Speech Pathologists
- Staff RNs

Memorial Medical Center offers competitive salaries commensurate with experience along with many other benefits including paid days off, annual security days, a comprehensive insurance program, pharmacy and cafeteria discounts, a credit union, free parking, a company-sponsored retirement plan and tax-sheltered annuities. Relocation and interview assistance is also available.

Situated on the Atlantic coast shores of southeast Georgia, Savannah is an ideal relocation option boasting a low cost-of-living and outstanding amenities. From our renowned historic district to our southern charm and climate, Savannah is a community growing towards the future while preserving its past.

As we think ahead to our role in tomorrow's health care industry, professionals will find themselves well-positioned within our growing and dynamic organization. If you're interested in joining our healthcare team, write to our recruiter today at: **Memorial Medical Center, Inc., P.O. Box 23089, Savannah, GA 31403-3089; (800)422-5437 (inside GA), (800)221-4147 (outside GA), (912)350- 3383 (Fax).** EOE

MEMORIAL
MEDICAL CENTER

Advertising Index

Atlanta Dental Supply Company 21
Builders Hardware and Specialty Company, Inc. 7
DDS Staffing Resources. 7
Dermik Laboratories, Inc. 7
HIOB (Hyatt, Imler, Ott & Blount) 7
Lakeview Rehabilitation Center. 21
MAG Mutual Insurance Company. 25
Medical College of Georgia Hospital and Clinics 8
Memorial Medical Center 29
NationsBank. . . . . Inside Front Cover
Old Medical College Building 25
Reese X-Ray Co., Inc. 7
RiverNorth 7
St. Paul Medical Services. 21
Sterling Healthcare Group 21
T. Rowe Price. 24
United States Air Force Health Professions. 25

About the Cover Artist

Max Brödel came to Johns Hopkins in 1894 from Leipzig where he was born and educated. His innate artistic skills were enhanced by intensive years of art training in Germany. His knowledge of anatomy and physiology were honed through diligent and lifelong study, observation, dissection and research. He insisted on seeing and understanding the organs and processes he was being asked to represent. His devotion to clear and accurate representation of the subject at hand won him a worldwide reputation as a master artist. Realizing the need for such knowledge and skill to be handed on, the Baltimore art collector and philanthropist, Henry Walters, provided an endowment to establish the first program in the world for the teaching of medical illustration: The Department of Art as Applied to Medicine. Brödel served as Director for 30 years.

Medical College of Georgia
Division of Institutional Relations
Augusta, Georgia 30912

Non-Profit
Organization
U.S. Postage
PAID
Augusta, GA
Permit No. 210